# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 01-RC-255691

DO NOT WRITE IN THIS SPACE

Dat 02-04-2020

ARMOUR-GLOBE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation

Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): William W. Backus Hospital 326 Washington St. Norwich, CT 06360-2740 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Pam DeLise, Director of Human Resources, same East Region Human Resources 3d, Cell No. 3f, E-Mail Address 3e, Fax No. (860) 892-6592 (860) 425-3876 (860) 886-1219 Pamela.Delise@hhchealth.org 4a, Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Acute Care Hospital Healthcare Norwich, CT 5b. Description of Unit Involved; 6a. Number of Employees in Unit Included: All Per Diem Registered Nurses. Note: Petitioner seeks an Armour-Globe election to 32 include employees into the unit certified in Case 34-RC-002424 Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 02/04/20 and Employer declined recognition on or about (Date) no rcply (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a, Name of Recognized or Certified Bargaining Agent (If none, so state) Backus Federation of Nurses Local 5149, AFT 35 Marshall Rd, Rocky Hill, CT 06067 Connecticut Bc. Tel. No. (607) 229-9534 8f. E-Mail Address 8d, Cell No. Be. Fax No. (607) 229-9534 slancer@aftct.org Bg. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 05/16/2020 American Federation of Teachers, AFL-CIO 05/19/2011 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d, Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a, Election Type: To cover all shifts: X Manual Mail Mixed Manual/Mail 11b. Election Date(s); 11d. Election Location(s): 11c. Election Time(s): 02/27/20 6:00am through 6:30pm Backus Hospital, Conf. Rm. Main Entrance 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number) Backus Federation of Nurses Local 5149, AFT Connecticut 35 Marshall Rd, Rocky Hill, CT 06067 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Teachers, AFL-CIO 12d, Tel. No. 12e. Cell No. 12g. E-Mail Address 12f. Fax No. (607) 229-9423 (860) 257-8214 (860) 257-9782 slancer@aftct.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code); Shane Lancer, Organizer 35 Marshall Rd, Rocky Hill, CT 06067 13f, E-Mail Address 13c, Tel, No. 13d, Cell No. 13e, Fax No. (607) 229-9423 (860) 257-9782 (860) 257-8214 slancer@aftct.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Title Shane Lancer Organizer 02/04/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed	_	
01-RC-256441	02-18-2020		

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 39 East Ave RI Pawtucket 02860-Blackstone Valley Community Health Care 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 39 East Ave RI Pawtucket 02860-Lisa Manso 3f. E-Mail Address 3e. Fax No. 3c. Tel. No. 3d. Cell No. Imanso@BVCHC.ORG (401) 722-0081 4b. Principal product or service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Pawtucket, RI Healthcare Health care 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [ No [ ] and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) 11/27/2019 Check One: (Date) (If no reply received, so state). Yes 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address 319 Broadway RI Providence 02903 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). SEIU 1199 NE William Eden 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. (401) 225-8637 feden@selu1199ne.org 8i, Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) Service Employees International Union 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b, Address 10a, Name 10f. E-Mail Address 10e. Fax No. 11a. Election Type: 🔽 Manual 🤲 Mail 🔲 Mixed Manual/Mail 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11d. Election Location(s): 11b. Election Date(s): As soon as possible 11c. Election Time(s): 39 East Ave Location Any time between 9:00 and 5:00, M-F 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (Including local name and number) 319 Broadway RI Providence 02903 William Eden SEIU 1199 New England 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union 12g. E-Mail Address feden@seiu1199ne.org 12e. Cell No. 12f. Fax No. 12d. Tel No. (401) 225-8637 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a Name and Title 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Name (Print) Signature William Eden Organizer 02/13/2020 15:54:20 William Eden

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**Employees Included** Skilled Maintenance Worker

Employees Excluded Skilled Maintenance Worker

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
01-RC-256441	02-18-2020	

any such election. 11b. Election Date(s): ASAP

13c. Tel No.

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT W	RITE IN THIS SPACE	
Case No.		Date Filed	
01-R	C-256940	2/26/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 275 Sandwich Street MA Plymouth 02360-Beth Israel Deaconess Hospital 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 275 Sandwich Street MA Plymouth 02360-Wendy Baker 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (508) 830-2633 wbaker@bidplymouth.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Plymouth, MA 5b. Description of Unit Involved 6a. No. of Employees in Unit: included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [ ] No [ ] Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No.

12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) charles strebeck United federation of special police and security officers inc 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12d. Tel No 12e, Cell No. 12f. Fax No.

11c. Election Time(s):

Times that corrspond to the shifts schedules

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to

13d. Cell No.

12g. E-Mail Address charlesstrebeck@gmail.ocm (914) 941-4103 (908) 413-3285 (914) 941-4472 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title 13b. Address (street and number, city, state, and ZIP code)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print)

charles strebeck president charles strebeck 02/24/2020 13:51:46 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

10e. Fax No.

TBD

11d Election Location(s):

10f E-Mail Address

11a. Election Type: 1 Manual Mail Mail Mixed Manual/Mail

13f. E-Mail Address

Date

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

13e. Fax No.

WRITE IN THIS SPACE
Date Filed

Employees Included

All regular full time and regular part time armed and unarmed security officers employed by the employer at its facility located at 275 Sandwich Street Plymouth Ma. 02360

**Employees Excluded** 

Excluding managers and supervisors as defined by the National Labor relations Act

INTERNET
FORM NLRB-502
(2-OR)

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

FORM EXEMPT UNDER 44 U	J.S.
OT WRITE IN THIS SPACE	
Date Filed	
NO	NOT WRITE IN THIS SPACE

	PETITION	0:	1-RD-256070	2/10/2020
INSTRUCTIONS: Submit an original of this Petitio	to the NLRB			oncerned is located.
The Petitioner alleges that the following circumstances	exist and reques	ts that the NLRB proceed under its p	proper authority pursua	int to Section 9 of the NLRA.
I. PURPOSE OF THIS PETITION (if box RC, RM, or RD statement following the description of the type of petitic RC-CERTIFICATION OF REPRESENTATIVE - Petitioner desires to be certified as representally RM-REPRESENTATION (EMPLOYER PETITIO representative of employees of Petitioner.  RD-DECERTIFICATION (REMOVAL OF REPRITED REPRESENTATION (REMOVAL OF REPRITED REPRESENTATION (REMOVAL OF REPRITED REPRESENTATION OF UNION SHOP AUTHOR COVERED by an agreement between their employer (Check one) In unit not previously certified AC-AMENDMENT OF CERTIFICATION-Petitio Attach statement describing the specific amendr	A substantial nur of the employer N) - One or more SENTATIVE) - I  TY (REMOVAL and a labor org is currently reco	emed made.) (Check One) nber of employees wish to be represe s. individuals or labor organizations have substantial number of employees a DF OBLIGATION TO PAY DUES) - T anization desire that such authority be gnized by Employer, but Petitioner ser viously certified in Case No.	ented for purposes of c e presented a claim to F assert that the certifie hirty percent (30%) or r rescinded. eks clarification of place	ollective bargaining by Petitioner and retitioner to be recognized as the for currently recognized bargaining unit
2. Name of Employer , / 1 1	M. Samuelania and American	er Representative to contact		Fel. No.
3. Address(es) of Establishment(s) involved (Street and p	1 7	roy Guntulis	5	8604471416 Fax No.
78 VIET Street 1	KW LO	ndon CT. 063	20	8604374438
4a. Type of Establishment (Factory, mine, wholesaler, etc.	+ ,,	4b. Identify principal pro	oduct or service	Cell No.
JKILLED DUSING F	4C1/17/	Heglish Co	are	e-Mail
5. Unit Involved (In UC petilion, describe present bergain	ing unit and atlac	description of proposed clarification.	)	Sa. Number of Employees in Unit:
Included Certified Norsing 95 Maintenance 955 Birt	sistants,	Licensed Pract	tical nuxes	Present 105
	41x 416	73	- 1	Proposed (By UC/AC)
Supervisors Mg	nasemin	Laundry aids		Sb. Is this petition supported by 30% or more of the
(If you have checked box RC in 1 above, check and com,	olete EITHER iter	7a or 7b, whichever is applicable)		employees in the unit?" Yes No Not applicable in RM, UC, and AC
7a. Request for recognition as Bargaining Representation	ertative was mad			and Employer declined
recognition on or about (Date)  7b. Petitioner is currently recognized as Bargaining		(If no reply received, so state).		
<ol> <li>Petitioner is currently recognized as Bargaining.</li> <li>Name of Recognized or Certified Bargaining Agent (IL)</li> </ol>		and desires cermication under the Act.	Affiliation .	
1199.NF SF	Ill		Unic	M
Address 77 HUYShope AU		Tal-No 5 (A)		ntion or Certification
Hartford CT 0610.		Cell No.	77 Fax No. 820	e-Mail
		10. If you have checked box UD	6099	the date of everyther of
9. Expiration Date of Current Contract. If any (Month, Day	O.	agreement granting union shop (		the date of execution of
11a. Is there now a strike or picketing at the Employer's e Involved? Yes No	stablishment(s)	11b. If so, approximate	ly how many employees	s are participating?
11c. The Employer has been picketed by or on behalf of (	Insert Name)			, a labor
organization, of (Insert Address)	100		Since (Month, Da	y, Year)
12. Organizations or Individuals other than Petitioner (and	other than those	ramed in items 8 and 11c), which have	e claimed recognition a	s representatives and other organizations
and individuals known to have a representative interest in Name	any employees ii	Address	Tel. No.	Fax No.
			Cell No.	e-Mail
<sup>13</sup> (b) (6), (b) (7)(C)	me, in	cluding local name and number)	T-myster.	
Anna Carlo Anna Carlo Ca	-	Trub 1	Tel. No. FXT	14c. Fax No.
(b) (6), (b) (7)(C)		(b)	(6), (b) (7)(C)	(b) (6), (b) (7)(C)
		74d. S	Sing Sing	(b) (b), (b) (1)(C)
7.7.7.2.2.7.1.2.7.2.7			(11)	
	n of which Petitio	ner is an affiliate or constituent (to be t	filled in when petition is	inga by a labor organization;
15. Full name of national or international labor organization				ing by a labor organization;
15. Full name of national or international labor organization			lief.	
15. Full name of national or international labor organization			lief.	itle (if any)(b) (6), (b) (7)(C)
15. Full name of national or international labor organization and that I have read the above petition and that Name (b) (6), (b) (7)(C)		TE II (b) (6), (b) (7)(C)	illef.	
I declare that I have read the above petition and that Name (b) (6), (b) (7)(C)		TE II (b) (6), (b) (7)(C)	lief.	itle (if any)(b) (6), (b) (7)(C)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRIT	TE IN THIS SPACE
Case No.	Date Filed
02-RC-255609	2-3-20

	· · · · · · · · · · · · · · · · · · ·				02 110 20	0000	2.0	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. It the employer and all other partie Case Procedures (Form NLRB 48	The petition must s named in the pe	be accompanied li tition of: (1) the p	by both a st etition; (2) S	nowing of interest (se Statement of Position	e 6b below) an form (Form NL	d a certifica .RB-505); an	te of service showing s d (3) Description of Re	service on epresentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitioner and Petitioner and Petitional Laboratory	tioner desires to be	certified as repres	entative of t	he employees. The Pe	titioner alleges	that the foll	owing circumstances	
2a. Name of Employer:		2b. Ad	dress(es) of	Establishment(s) invol	ved (Street and	number, City	State, ZIP code):	V
Jaguar Land Rover White	e Plains	100000000000000000000000000000000000000		in Street, Elmsfo				
3a. Employer Representative - Na	me and Title	3h Ad	dress (if san	ne as 2b - state same):				28.00
Peter Vaccaro, Service M John Laguerre, General M	lanager .	Sam		ie as zu - state samej.				
3c. Tel. No.	3d. Cell No.		3e. Fax N	0.	3f. E-Mail	Address	****	eni Liliani
914-372-2820	Promitive section (		914-37	2-2827	Vaccar	on1@aut	onation.com	
4a. Type of Establishment (Factory,	mine, wholesaler, e	etc.)	DECREES OF VESSELO	al Product or Service	1		d State where unit is lo	rated.
Auto Dealership - Sales a			1	ales and Service			d, New York	ateu.
5b. Description of Unit Involved:	and Service		Auto 3	ales allu Selvice				
Included: All full time and re	egular part-tin	ne service tech	inicians.			ba. Numbe	er of Employees in Unit:	
Excluded: All other employed office clerical, prof	es including, s fessions, mana	alespersons, se gers, guards a	ervice wr ind super	iters, parts depar visors as defined	: 41 - A -4	of the	ubstantial number (30% employees in the unit wi ented by the Petitioner?	sh to be
Check One: 7a. Request for re-	cognition as Bargai	ning Representativ	e was made	on (Date)	ar	nd Employed	decimed recognition	
on or about (Date)		(If no reply r				la -	ented by the Petitioner?	5 L
				and desires certification	n under the Act.	_///_	EB 03 2020	· M
8a. Name of Recognized or Certifi	ed Bargaining Age	ent (If none, so sta	te) 8b. Ad	ddress:			LB 113 -	////
						723	2020	////
						BY.		9
8c. Tel. No.	8d. Cell No.	10 11 1	8e. Fax No	о.	8f. E-Mail	Address		
8g. Affiliation, if any:		8	h. Date of R	ecognition or Certificat			urrent or Most (Month, Day, Year)	<u> </u>
9. Is there now a strike or picketing a	at the Employer's o	stablishmant/s) inu	olyad?	[ ] If so approv	imataly how ma	nu empleuse	s are participating?	
and the second s	at the Employer's e	stabilistiment(s) inv	Olveu:	ii so, approx	10 CANADO 100			
(Name of Labor Organization)					, has pickete	d the Employ	er since (Month, Day, Y	ear)
<ol> <li>Organizations or individuals othe individuals known to have a representation.</li> </ol>							es and other organization	ns and
10a. Name	[10b.4	Address			10c. Tel. N	lo.	10d. Cell No.	
Tod. Name	100.7	nudiess.			100. 161. 1	10.	100. 001 140.	
	1				10e. Fax N	lo.	10f. E-Mail Address	
11. Election Details: If the NLRB co	anducte and election	n in this matter sta	to your posi	tion with respect to any	t such alastica:	11a Electio	n Type:	
TT. Election Details. If the NEND Co.	And election	i iii tiiis iiiattei, sta	ne your posi	non with respect to any	y such election.		No. of the State of the Contract of the Contra	d Manual/Mail
=	177			1-12		X Manua		d Manual/Mail
11b. Election Date(s): 11d. Election Location(s):								
Monday, Feb. 24, 2020	12.	30 PM to 2:30	PM		Facility	Lunchro	om	
12a. Full Name of Petitioner (include	ding local name and	d number):		12b. Address (street	and number, cit	y, State and .	ZIP code):	
United Service Workers I	Union, Local 3	55, IUJAT		138-50 Queens	Boulevard,	Briarwoo	d, NY 11435	
12c. Full name of national or interna-	tional labor organiz	ation of which Petil	tioner is an a	affiliate or constituent (	if none, so state	):		
International Union of Jo				•		<b>'</b> o		
12d. Tel. No.	12e. Cell No.		12f. Fax N	0.	12g. E-Ma	I Address		
718-658-4848			718-52			ton@iuja	f org	
13. Representative of the Petition	er who will accept	service of all nan						
13a. Name and Title:	er who will accept	service of all pap		ess (street and number				
Gary Rothman, Esq., Attorn	ney for Local		300 00000000000000000000000000000000000				t., Ste 200, Elmsfo	rd, NY10523
13c. Tel. No.	13d. Cell No.		13e. Fax N	lo.	13f. E-Mail	Address		
	rau, cell No.							
914-478-2801			914-47				manrocco.com	
I declare that I have read the abov	e petition and that		re true to the	ne best of my knowle				-
Name (Print)		Signature	· ·	+	Title			Date
Gary Rothman		Wat.	XIL	1 - "V"-	Attorney f	or Local	355	2/3/2020

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
02-RC-255677	2-4-20	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Center for Family Representation 40 Worth Street, Suite 605, NY, NY 10013 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Same Michele Cortese 3c. Tel. No. 3d. Cell No. 3f, E-Mail Address 3e. Fax No (212) 691-0950 mcortese@cfrny.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Legal Services Organization Legal Services New York, NY 5b. Description of Unit Involved: SEE ATTACHED 6a. Number of Employees in Unit: Included: Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Check One: |X| 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition 1/24/2020 on or about (Date) 1/31/20 (If no reply received, so state). ☐ 7b. Pelitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d Cell No 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10h Address 10c Tel No 10d. Cell No. 10e. Fax No. 10f, E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election. 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 40 Worth St., Main Conference Room and 89-14 Parson Blvd, Main Conference Room 1:00 pm - 5:00 pm 12a. Full Name of Petitioner (including local name and number). 12b. Address (street and number, city, State and ZIP code): UAW Local 2325 - Association of Legal Aid Attorneys 50 Broadway, Suite 1600, NY, NY 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) UAW, AFL-CIO 12d. Tel. No. 12e Cell No. 12f. Fax No 12g. E-Mail\_Address (212) 343-0966 BY: (212) 343-0708 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a, Name and Title: 13b. Address (street and number, city, State and ZIP code) Allyson L., Belovin Levy Ratner, P.C., 80 8th Avenue, 8th Fl, New York, NY 10011 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (212) 627-8100 (212) 627-8182 (646) 326-9096 abelovin@levvratner.com declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Allyson L. Belovin 2/3/20 Attomey

#### ATTACHMENT TO RC PETITION

Petitioner - UAW Local 2325 - Assoc. of Legal Aid Attorneys

### Description of Unit Involved:

Included: All full-time and regular part-time employees of the Employer including Administrative Assistant, Development and Communications Associate, Fellow, Family Advocate, Law Graduate, Paralegal, Parent Advocate, Staff Attorney, Staff Social Worker, Investigator, Client Coordinator, Immigration Specialist, and Housing and Public Benefits Specialist

Excluded: Executive Director, Special Counsel, Chief Financial Officer, Co-Director, Director of Development and Communications, Director of Holistic Practice, Director of Human Resources, Co-Director, Director of Litigation, Litigation Supervisor, Social Work Supervisor, Senior Staff Social Worker, Senior Staff Attorney, Information Technology Manager, Manager of Accounting & Reporting, Senior Parent Advocate, Manager of Donor Relations, Senior Appellate Attorney, interns, guards, confidential employees, supervisors, and managerial employees.

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
02-RC-255684	2-4-20	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 3379 Peachtree Road Northeast GA Atlanta 30326-Allied Universal Security 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Bailey Turpin 3f. E-Mail Address 3c. Tel. No. 3d Cell No. 3e. Fax No. bailey.turpin@aus.com (404) 844-4615 (757) 408-0318 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Bronx, NY Security Services 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [ / No [ 7a. Request for recognition as Bargaining Representative was made on (Date) 01/28/2020 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Yes 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8c. Tel No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 1 Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 21, 2020 Room on site at Montefiore Hospital 1200 Waters Street Bronx NYC 7-8:30 AM and 4-5:30 PM 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 44 Court Street Suite 1217 NY Brooklyn 11201-Louis Aviles Local 642 Security Allied Federated Employees Union S.A.F.E 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if nane, so state) 12f. Fax No. 12g. E-Mail Address goldblattlegal@gmail.com 12d. Tel No. 12e Cell No. (917) 771-8010 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Stephen Goldblatt Law Office of Stephen Goldblatt 13c. Tel No. 44 Court Street Suite 1217 NY Brooklyn 11201-13d. Cell No. 13e. Fax No. 13f. E-Mail Address goldblattlegal@gmail.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date Name (Print) Signature STEPHEN GOLDBLATT 02/3/2020 16:45:38 Stephen Goldblatt

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary that the processes of the information will cause the NLRB to decline to invoke its processes.

BY:\_\_\_\_

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
02-RC-255684	2-4-20		

Employees Included
All full-time and regular part-time security guards

Employees Excluded All other non-guard employees, office clerical employees and supervisors

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
02-RC-255827	2-6-20				

					02 110-2	00027	12-0	20	
INSTRUCTIONS: Unless e-filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be named in the petit	accompanied on of: (1) the p	by both a st petition; (2) S	nowing of interest (s Statement of Position	ee 6b below) n form (Form	and a certifical NLRB-505); an	te of service showing d (3) Description of Re	service on opresentation	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratery	ioner desires to be co	erder as beitine	sentative of the	he employees. The Pi	etitioner alleg	es that the foll	owing circumstances		
2a. Name of Employer: Millwood Lumber and Ex	press Employe	2b. At	2b. Address(es) of Establishment(s) involved (Street and number. City, State, ZIP code):						
			87 Millwood Road, Millwood, NY 10546						
Ja. Employer Representative - Nar				ne as 2b - state same					
Michael Malara, Manager		Sam							
3c. Tel No 914-941-8080	3d. Celi No.		3e. Fax No 914-94	1-2814	mmal		oodlumber.com		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Lumber yard				el Product or Service r products and			nd State where unit is to ood, NY	cated	
50. Description of Unit Involved: Included: All full-time and reg Employer's facility l					g at the	6a. Number	er of Employees in Unit:		
Excluded: All other employees, man				act	of the	ubstantial number (30% employees in the unit we ented by the Petitioner?	sh to be		
Check One: 7a. Request for red on or about (Date) 7b. Petitloner is cur		(If no reply	received, so	state).	on under the A		declined recognition		
8a. Name of Recognized or Certifia None				idress:			,		
8c. Tel. No	8d Cell No.		Se Fax No	ο,	81. E-Ma	ail Address			
8g. Affiliation, if any:			8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
Is there now a strike or picketing a     (Name of Labor Organization)	t the Employer's esta	ablishment(s) in	volved? No	If so, appro	W 180 mars		s are participating? er since (Month, Day, )	(ear)	
Organizations or individuals other individuals known to have a repression.							es and other organization	ons and	
10a, Name	10b. Ad	dress	4		10c, Tel	No.	10d. Cell No.		
					10e. Fa		10f E-Mail Aldress		
11. Election Details: If the NLRB co Armour-Globe Self-Deter	mination Elect	ion	late your post	tion with respect to er		X Manua	al MailOm Mixe	d Manyel/Man	
11b. Election Date(s): February 21, 2020		ction Time(s): a.m 8:00	a.m.			ction Location(:	s): er breakgoom	E Zoo	
12a. Full Name of Pettioner (Includ Local 456, International B	ing local name and r Brotherhood of	Teamsters		12b. Address (street 160 South Cer Elmsford, NY	ntral Aven		7		
12c. Full name of national or international Brotherhood		on of which Pe	titloner is an a	affiliate or constituent	(if none, so sta	ate).			
12d. Tel No 914-592-9500	12e Cell No.		12f. Fax N 914-59	2-4266	Domo	4	teamsterslocal4	56.com	
13. Representative of the Petitione 13a. Name and Title: Bryan T. Arnault, Esq./Blitm			13b. Addn	ess (street and number	er, city, State a	ind ZIP code):	NY 13204-5412		
13c. Tel. No. 315-422-7111	315-378-3289		13e Fex t 315-47	1-2623	btarna	lail Address nult@bklav	vyers.com		
I declare that I have read the above Name (Print)		he statements Signature	are true to t	he best of my knowl	edge and bell Tite	ef.	****	Date	
Bryan T. Amault	1	anginarior of	1 6	1	Attorney			02/05/20	

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE				
Case No	Date Filed			
02-RC-256326	2-13-20			

						02-RC	-256326	2-13	3-20
INSTRUCTIONS: Unless e-filed using the Agency's website, \( \frac{\text{WMY_tilet_QQV}}{\text{MMY_tilet_QQV}}\), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.  1. PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective									
<ol> <li>PURPOSE OF THIS PETITION &amp; bargaining by Petitioner and Petiti requests that the National Labor</li> </ol>	oner desires to b	e certified as	s represen	tative of th	e employees. The Pe	titioner al	leges that the fol	lowing circumstances	
2a. Name of Employer: Millwood Lumber and Ex			2b. Addre	ess(es) of	Establishment(s) involve	ved (Stree	t and number, City	, State, ZIP code): `	
Professionals, a Single and		nployer			Road, Millwood	d, NY I	0546		
				tachme	e es 2h • stale same). ent	7000			
3c, Tel. No. See Attachment	3d. Cell No.			See Att	achment		Mail Address Attachment		
4a. Type of Establishment (Factory, r Lumber yard	nine, wholesaler,	etc.)			al Product or Service products and h	ardwar		nd State where unit is loc ood, NY	aled:
6b. Description of Unit Involved: Included: All full-time and re working at the Employer's Excluded:	gular part-ti facility loca	me agenc ted at 87	y driver Millwoo	rs, drive od Road	rs helpers, and y l, Millwood, NY	ardsme 10546	n 2 -	er of Employees in Unit:	or more)
All other employees, managers, supervisors, and guards as defined by the Act					employees in the unit wit	h to be			
on or about (Date)  [If no reply received, so state).  [Th. Petitioner is currently recognized as Bargaining Representative and desires certification under the Action of Recognized or Certified Bargaining Agent (If none so state).   8b. Address.									
8a. Name of Recognized or Cartifie None	d Bargaining A	gent (If none	, so state)	8b. Ad	dress		By.	declined recognition LET WE  1 3 2020	
8c. Tel. No.	8d, Cell No		1	Be. Fax No	).	8f E-	8f. E-Mail Address		
Bg. Affiliation, If any:			8h.	8h. Date of Recognition or Certification Bt. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			•		
9. Is there now a strike or picketing at	the Employer's	establishme	nt(s) involv	ed? No	If so, approx	imately ho	w many employee	es are participating?	
(Name of Labor Organization)  10. Organizations or individuals other	than Datitioner	and those on	med in its	me 9 and 1	9 which have elaimed	-		er since (Month, Day, Y	The second linear second
individuals known to have a repre	sentative interes	in any emp	loyees in t	he unit de	scribed in item 5b abo	ve. (If non-	e, so state)	es and other organizado	ns and
10a. Name	10b.	Address	W			10c.	Tel. No.	10d. Cell No.	
					\$	10e.	Fax No	10f. E-Mail Address	
11. Election Details: If the NLRB co.	nducts and electi	on in this ma	itter, state	your posit	ion with respect to any	y such elec			d Manual/Mail
11b. Election Date(s): February 28, 2020		Election Tin		n.			Election Location( Iwood Lumb	s): er breakroom	
Local 456, International B	2a. Full Name of Petitioner (including local name and number):  Local 456, International Brotherhood of Teamsters  12b. Address (street and number, city, State and ZIP code): 160 South Central Avenue  Elmsford, NY 10523								
12c. Full name of national or internati International Brotherhood			ich Petitio	ner is an a	iffitiale or constituent (i	if nane, so	state):		
12d, Tel. No. 914-592-9500	914-592-9500 Domcassanelli@teamsterslocal456.com								
13. Representative of the Petitione 13a. Name and Title: Bryan T. Arnault, Esq., of Co			1	3b, Addre	ess (street and number	r, city, Stat	e and ZIP code):	NY 13204-5412	a and
13c, Tel, No 315-671-3249	13d. Cell No. 315-378-32		:	138. Fax N 315-47	1-2623	btar	-Mail Address nault@bklav	vyers.com	14
I declare that I have read the above Name (Print)	petition and th	Signature		true to th	ne best of my knowle	dge and b	ellof.		Date
Bryan T. Arnault	8	- Allena	7	1. 6	Total	of Cou	nsel ·	.51	02/13/20

# Teamsters Local 456 and Millwood Lumber and Express Employment Professionals, a Single and/or Joint Employer

### Attachment to RC Petition

Response to Fields 3a.-3f.

Michael Malara, Manager East Haven Builders d/b/a Millwood Lumber 87 Millwood Road Millwood, NY 10546 Tel: (914) 941-8080

Email: mmalara@millwoodlumber.com

Express Employment Professionals 30 Glenn Street, Suite 411 North White Plains, NY 10603

Tel: (914) 428-0680

 ${\bf Email: Jobs. NorthWe st chester County NY@Express Pros. com}$ 

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

. DO NOT	WRITE IN THIS SPACE	
Case No.	Date Filed	
02-RC-256354	2-13-20	

INSTRUCTIONS: Unless e-Filed us in which the employer concerned in of service showing service on the (Form NLRB-505); and (3) Descript	is located. The petition mu employer and all other part	st be accompanied by ties named in the petiti	both a showing of ion of: (1) the pet	of interest (seition; (2) State	e 6b below) and a certificate ment of Position form
			.KB 4012]. Ines	nowing of inte	erest snould only be tiled
with the NLRB and should not be s  1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Relat	RTIFICATION OF REPRESENTA estres to be certified as represent	TIVE - A substantial number alive of the employees. The	Petitioner alleges t	hat the following	circumstances exist and
2a. Name of Employer		Address(es) of Establishme			
Northwell Health Physicians Partn	ers Opthalmology 210	E. 64th Street NY, N			
3a. Employer Representative - Name and	Tille	3b. Address (If same a	[10] (10] [10] [10] [10] [10] [10] [10] [10] [		
Chelsea Da Costa, HR Manager		600 Community D	rive, Manhasset,	NY 11030	
3c. Tel. No. 516-434-9452	3d. Cell No.	3e. Fax No.		3f. E-Mail Addr cdacosta3@	ess northwell.edu
4a. Type of Establishment (Factory, mine, with Medical Office		product or service			and State where unit is located:
TO A STOCK OF THE PARTY OF THE	Health Care	Services	7777510	New Yo	
5b. Description of Unit Involved Included: see attachment		Services  PECE  FFR 1	1. (1)		6a, No. of Employees in Unit: 53
Excluded:		FFR 1	3 2020 四		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the
0.10					Petitioner? Yes / No
	cognition as Bargaining Represer (Date) (If no reply recei	ved, so state).			ned recognition on or about
8a. Name of Recognized or Certified Bard	urrently recognized as Bargaining	Representative and desires  8b. Address	certification under the	e Act.	
da. Name of Recognized of Certified Bary	gaining Agent (If none, so state,	60, Address			
8c. Tel No.	8d Cell No.	8e. Fax No.		8f. E-Mail Addre	ess
8g. Affiliation, if any		8h. Date of Recognition of	r Certification		ale of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at the Er					licipating?
(Name of labor organization)	· has p	icketed the Employer since (	Month, Day, Year) _		-
Organizations or individuals other than I known to have a representative interest in a None	Petitioner and those named in iten ny employees in the unit describe	ns 8 and 9, which have dain d in item 5b above. (If none	ned recognition as rep o, so state)	resentatives and	other organizations and individuals
10a. Name	10b. Address		10c. Tel. No.		10d, Cell No.
		9			Tod. Cell No.
			10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	an election in this matter, state y	our position with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail
11b. Election Date(s): March 10, 2020	11c. Election Time(s): 8:30am to 9:30am and	12:30pm-1:30pm	11d. Election Loca 8th Floor Lunch Ro		th Street NY, NY
12a. Full Name of Petitioner (including to 1199SEIU United Healthcare Workers East			12b. Address (stree 330 West 42nd Str	et and number, ci	ty, state, and ZIP code)
12c. Full name of national or international la Service Employees International Union		er is an affiliate or constituer			11.1000
12d. Tel No.	12e. Cell No.	12f. Fax No.		12g. E-Mail Add	fress
42 Banana Italia afata Ballia a					
13. Representative of the Petitioner who 13a. Name and Tille Micah Wissinger			d number, city, state,		
13c. Tel No.	13d. Cell No.	13e. Fax No.		13f. E-Mail Add	ress
212-627-8100		212-627-8182		mwissinger@le	
I declare that I have read the above petition	on and that the statements are	true to the best of my know	vledge and belief.	47.4.3	A STATE OF THE STA
Name (Print) Sig Micah Wissinger	nature —	Title Counsel to Petitioner		Date February 13	2020
	NTS ON THIS PETITION CAN BE		IMPRISONMENT (U	S. CODE, TITLE	18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# Attachment to Question 5b - Unit Description

<u>Included</u>: All regular full time, part time, and per diem non-professional employees, including ophthalmology tech, photographer, surgical coordinator, surgical scheduler, practice office assistant, practice associate, secretary, billing associate, front desk receptionist and medical records clerk.

Excluded: All guards, managers, confidential employees and supervisors as defined by the Act.

1-1402-00001: 11099783

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
02-RC-256716	2-20-20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1200 ZEREGA AVENUE NY BRONX 10462-PRESTIGE MANAGEMENT 3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 1200 ZEREGA AVENUE NY BRONX 10462-ARLYANE MCGLASHAN 3f. E-Mail Address 3c Tel No 3d Cell No. 3e. Fax No. INFO@PRESTIGEMGT.COM (718) 822-7377 (718) 822-7471 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service BUILDING MANAGEMENT Bronx, NY Others 5b. Description of Unit Involved 6a. No. of Employees in Unit: FEB 2 0 2020 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [ | No [ and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_ Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s):
11b. Election Date(s):
11c. Election Time(s):
11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)

Gilberto Mendoza
Local 660 UWA

12b. Address (street and number, city, state, and ZIP code)
100 SOUTH BEDFORD ROAD SUITE 340
NY MT\_KISCO 10549-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
New York

12d. Tel No.
(646) 355-5291

12e. Cell No.
(646) 355-5291

12f. Fax No.
12g. E-Mail Address
GILBERTOTITOMENDOZA@HOTMAIL.COM

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.
13d. Cell No.
13e. Fax No.
13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) | Signature | Title

Gilberto Mendoza GILBERTO MENDOZA President 02/19/2020 12:41:19

# WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

02-RC-256716

2-20-20

Employees Included
ALL SUPERS, PORTERS & HANDYMEN

Employees Excluded MANAGERS, SUPERVISORS AND ALL OTHERS AS DEFINED BY THE ACT

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Date Filed

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-256854

2-21-20

INSTRUCTIONS: Unless e-F employer concerned is loca the employer and all other p Gase Procedures (Form NLF	ted. The petition arties named in	n must be accord the petition of:	npanied b (1) the pe	y both a tition; (2)	showing of interes Statement of Pos	st (see 6b be sition form (l	low) and Form NL	d a certifica RB-505); a	nte of service sho nd (3) Description	owing service on n of Representation
PURPOSE OF THIS PETIT bargaining by Politioner and requests that the National	Petitioner desir	es to be certified	as represe	ntative of	the employees. Th	ne Petitioner	alleges	that the fo	llowing circumst	ances exist and
2a. Name of Employer:			2b. Add	ress(es)	of Establishment(s)	involved (St	reel and i	number, Cit	v. State. ZIP code	).
Children's Museum o	f the Arts		The second second	103 Charlton St, New York, NY 10014						
3a. Employer Representative	- Name and Titl	e:	3b. Add	ress (if sa	me as 2h - state sa	ame):	-			
Seth Cameron, Execu			Same			,				
3c. Tel. No.	3d. Cell N	10.	-	3e. Fax I	No.	31.	E-Mail A	ddress		
(212) 274-0986					274-1776			m@cma	ny.org	
4a. Type of Establishment (Fac	tory, mine, whol	osalei, etc.)			ipal Product or Sen				nd State where ur	it is located:
Museum				Arts				New Yo	ork, NY	
5b. Description of Unit Involv	ed:							6a. Numb	er of Employees in	n Unit:
Included: All full time and regu	lar part time	e employees	of the	employ	ver.	~~		65		
Excluded: All supervisors, mana						CE	2	of the repres	substantial numbe employees in the ented by the Petit	unit wish to be ioner? ⋉ Yes ☐ No
Check One: 7a. Request f			esentative no reply re			EB 21	2020	Employer	declined recogniti	on
	Secretary Secretary Con-	the state of the s			and desires certific	cation under	the Act.			
8a. Name of Recognized or C	ertified Bargain	ing Agent (Il nor	ne, so state	8b. /	Address: BY:_					
None					21.2.					
Bc. Tel. No.	8d. Cell N	0.		Be. Fax N	ła.	8f,	E-Mail A	ddress		
Bg. Affiliation, if any:			8h	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			ni)			
). Is there now a strike or picket	ling at the Emplo	over's establishme	ent(s) invol	ved? N	If so, ap	proximately	how man	y employee	es are participating	1?
(Name of Labor Organization		,,		14	local				er since (Month. i	
Organizations or Individuals individuals known to have a	other than Petit					imed recogni	tion as re	presentativ		
None										
IOa. Name		10b. Address				100	c. Tel. No		10d. Cell No.	
						100	10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLR	R conducts and	election in this m	atter, state	Voui pos	ation with respect to	o any such é	lection:	11a. Electio	n Type:	
T. Election octons. If the field	is conscious and	processing the true to		7-40				[X] Manu		Mixed Manual/Mail
11b. Election Date(s)		11c, Election Ti	me(s):			111	d. Electio	n Location(		
March 8 and March 9.	2020	3:00 p.m	D 180	m_		Λ	RToge	ther Ro	om on the 1s	t floor
12a. Full Name of Petitioner (ii					12b Address (sta	reat and nun	ber, city	State and	ZIP code):	
Local 2110, Technical UAW					256 W. 38tl	h Street,	Suite 7	7()4, Nev	v York; NY	10019
12c. Full name of national or inte	ernational labor	organization of w	hich Petitic	ner is an	affiliate or constitue	ent (if none,	so state):			
UAW, A.FL-C10										
12d. Tel. No. (212) 387-0220	12e Cell I			12f. Fax I			g. E-Mail			
13. Representative of the Peti	tioner who will	accept service o								
3a Name and Title:					ress (street and nur	The state of the s			A VIV LOST	
Dana Lossia, Attorney				Levy R	lainer, P.C., 80	Eighth A	venue,	New Yo	rk. NY 10011	
13c. Tel. No.	13d. Cell 1	Na		13e. Fax	No.	139	E-Mail /	Address		
(212) 627-8100		10-0283			627-8182	100			tner.com	
declare that I have read the a			ements are					. / / / / /		
Name (Print)	a se proment	Signatur	ė .	, 1	1 4 4 4	Tille			22.00	Date
Dana Lossia		N	aurer	20,	8000	Attor	ney fo	r Local	2110	2-21-20

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 02-RC-256886 DO NOT WRITE IN THIS SPACE Date Filed 2-25-20

							an NLRB office in the Region	
							ee 6b below) and a certificate	
							ement of Position form	
					LRB 4812). The sh	owing of in	terest should only be filed	
with the NLRB and	should not be	served on the	employer or	any other party. ATIVE - A substantial number	er of employees wish to	ha representa	d for numeros of collective	
bargaining by Petition	er and Petitioner d	lesires to be certi	fied as represent	alive of the employees. Th	e Petitioner alleges that	at the followin	g circumstances exist and	
requests that the Nat			ceed under its I	proper authority pursuant	to Section 9 of the Nat	tional Labor R	elations Act.	
2a. Name of Employer				Address(es) of Establishme				
Northwell Health Ph	Contract of the Contract of the Contract of	the second second second second second	ology 210	E. 64th Street NY, N	Company of the Compan	le Ave., Bro	nx, NY	
3a. Employer Represen		d Title		3b. Address (If same	[[[[[] [[] [[] [[] [[] [[] [[] [[] [[]			
Chelsea Da Costa,	HK Manager			The second secon	rive, Manhasset, I			
3c. Tel. No 516-434-9452			3e. Fax No		31 E-Mail Add cdacosta3@	ress Onorthwell.edu		
4a. Type of Establishmen	t (Factory, mine, v	wholesaler, elc.)		product or service		100000000000000000000000000000000000000	and State where unit is located:	
Medical Office Health Care				e Services		New Y	ork, NY	
5b. Description of Unit I	nvolved				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6a. No of Employees in Unit:	
Included: see attachi	ment						53	
						5	6b. Do a substantial number (30%	
Excluded:							or more) of the employees in the unit wish to be represented by the	
							Petitioner? Yes 7 No	
Check One: 7	a. Request for re	ecognition as Ban	gaining Represe	ntative was made on (Date)	and	Employer dec	lined recognition on or about	
			(If no reply recei					
<u> </u>	b. Petitioner is c	urrently recognize	ed as Bargaining	Representative and desires	s certification under the	Act.		
Ba. Name of Recognized								
8c, Tel No.		8d Cell No.		8e, Fax No.		8f. E-Mail Address		
8g. Affiliation, if any				8h. Date of Recognition	8h. Date of Recognition or Certification 8i. Expiration Date of			
					Contract, if any (Month, Day, Year)			
O la there against a table as	wisheding at the E	and and a stable		12 N = 15 = 2000			alication 2	
				ed? No If so approince				
10. Organizations or indivi known to have a represent None	iduals other than I Italive interest in a	Petitioner and tho my employees in	se named in iten the unit describe	ns 8 and 9, which have claim d in item 5b above. (If none	med recognition as repre e, so state)	esentatives and	dother organizations and individuals	
10a. Name		10b. Ad	dress	<del>ar e con</del> ar il bigallon para e	10c. Tel. No.		10d. Cell No.	
					10e. Fax No.		10f. E Mail Address	
11. Election Details: If the	ne NLRB conducts	an election in th	is matter, state y	our position with respect to	11a. Election Type:	✓ Manual [	Mail Mixed Manual/Mail	
11b. Election Date(s):		11c F	lection Time(s):		11d. Election Location	n(s):	7 15 67	
March 10, 2020				12:30pm-1:30pm	Oth Floor Lunch Dan	310 F 6	4th Street DY, NY	
12a. Full Name of Petitio 1199SEIU United Health			umber)		12b. Address (street 330 West 42nd Street	and number, o	NY 10036 X	
		bor organization	of which Petition	er is an affiliate or constitue	nt (if none, so state)		- 5	
Service Employees Interr	ational Union							
12d. Tel No.		12e, Cell No.		12f. Fax No.		12g. E-Mail Ad	dress ~ W	
13. Representative of the	Petitioner who	will accept servi	ice of all papers	for purposes of the repre	sentation proceeding.	TOWN TOWN		
13a. Name and Title Mic			7.3	A North Company of the Company of th	nd number, city, state, ar	nd ZIP code)	10.	
13c. Tel No.		13d, Cell No.		13e Fax No.		13f. E-Mail Add	Irace	
13c. Tel No. 212-627-8100		130, Cell IVO.		212-627-8182		wissinger@le		
A THE RESIDENCE OF THE PARTY OF	the above petition	on and that the	statements are	true to the best of my know		34.63.		
				Title		Date		
Name (Print)	Sig	nature	-	Counsel to Petitioner		February 2	4, 2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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# Attachment to Question 5b - Unit Description

<u>Included</u>: All regular full time, part time, and per diem non-professional employees, including ophthalmology tech, photographer, surgical coordinator, surgical scheduler, practice office assistant, practice associate, secretary, billing associate, front desk receptionist and medical records clerk.

Excluded: All guards, managers, confidential employees and supervisors as defined by the Act.

1-1402-00001: 11099783

Clara Suh Esq.

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NO
Case No.	
02-RC-256916	

RIT	E IN THIS SPACE	
-	Date Filed	
	2-25-20	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 505 8th Avenue NY New York 10018-3b. Address (If same as 2b – state same) Breaking Ground, Inc. 3a. Employer Representative - Name and Title Brenda Rosen 3f. E-Mail Address 3e. Fax No. 3c. Tel. No. 3d. Cell No. 5a. City and State where unit is located: 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) New York, NY 6a. No. of Employees in Unit. 5b. Description of Unit Involved 30 included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [ / ] No [ .... and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 Check One: (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8f. E-Mail Address 8c. Tel No. 8d Cell No. Be. Fax No. Bi. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10c. Tel. No. 10b. Address 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 1 Manual 1 Mail 1 Mixed Manual/Mail any such election. 11c. Election Time(s). 11d. Election Location(s): 11b. Election Date(s): Tuesdays Prince George Building, 15 East 27th Street, New York 10016 12pm-1pm and 4pm-7pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 65 Broad Street 11th Floor NY New York 10004-Pedro Cardi Local 210, International Brotherhood of Teamsters 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12f. Fax No. 12d. Tel No. 12e. Cell No. (b) (6), (b) (7)(C) (917) 657-3511 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 450 Seventh Avenue, Suite 1400 NY New York 10123-Clara Suh Esq. Hoffmann & Associates 13f. E-Mail Address clara.suh@hoffmannlegal.com 13d. Cell No. 13e. Fax No. 13c Tel No I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date Name (Print) Signature Clara Suh 02/24/2020 15:52:52

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Employees Included Maintenance Workers

Employees Excluded
Managers and security guards

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
02-RC-256916	2-25-20				

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
02-RC-257151	2-27-20				

INSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other part Case Procedures (Form NLRB	. The petition must les named in the pe	be accompanied	by both a si petition; (2)	howing of interest (se Statement of Position	ee 6b belo n form (Fo	ow) and a c	ertificate 505); end	of service s (3) Descript	howing s on of Re	ervice on presentation
PURPOSE OF THIS PETITION     bargaining by Petitioner and Perequests that the National La	etitioner desires to be	e certified as repre	sentative of t	he employees. The Pe	etitioner a	alleges that	the follo	wing circum	stances	
2s. Name of Employer:		2b. Ac	ddress(es) of	Establishment(s) invo	lved (Stre	et and numb	ber, City,	State, ZIP con	de):	
XPO Logistics			wn Rd, Montgo		NY 1254	9	75.	é		
3a. Employer Representative - N	ame and Title:	3b. Ac	ddress (if san	ne as 2b - state same)	):	G 15.	32	<del>}`</del>		
Dennis Gregory, Terminal Mgr			Services (in Services 12) state define).			IN F	EB 2	7 2020		ST.
3c. Tel. No. (845) 457-4040	3d. Cell No.		3e. Fax N	0.	3f. E	E-Mail Addre	ess			
4a. Type of Establishment (Factor)	, mine, wholesaler,	etc.)	4b. Princip	oal Product or Service	19 -	₩5à.	"City and	State where	unit is loc	aled:
Trucking/shipping			Transp	ortation		M	ontgom	ery, NY	Name of the last	
5b. Description of Unit Involved: Included:								of Employee	s in Unit:	
All full-time and	regular part-t	ime truck dri	vers.			A	pp. 50			
Excluded: All other employ	yees including	guards and	superviso	rs as defined in	the Ac		of the er	bstantial num inployees in the ned by the Po	e unit wis	
Check One: 7a. Request for r			ve was made received, so			and Em		eclined recogn		
				and desires certification	n under th	ne Act.		.4		
8a. Name of Recognized or Certi	fled Bargaining Ag	ent (If none, so st	ate) 18b. Ad	ddress:					7	
								•		·
8c. Tel. No.	8d. Cell No.	<del></del>	Be. Fax No	0,	8f. E	-Mail Addre	ess	K-78		
8g. Affiliation, if any:			8h: Date of R	ecognition or Certifica				rrent or Most Month, Day, Y	'ear)	*
9. Is there now a strike or picketing	at the Employer's e	stablishment(s) in	volved? No	If so, approx	ximately h	ow many en	nployees	are participat	ing?	
(Name of Labor Organization)		7		Land .	, has p	icketed the	Employe	r since (Month	Day, Ye	ear)
10. Organizations or individuals oth individuals known to have a rep								s and other or	ganization	ns and
10a, Name	10b.	Address			10c.	Tel. No.		10d. Cell No.	- 1-	
3:										
	•					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB	conducts and election	n in this matter, st	ate vour posi	tion with respect to an	v such ele	ection: 11a.	Election	Type:		
			,		,		Manual		Mixed	d Manual/Mait
11b. Election Date(s):	11c.	Election Time(s):	-		11d.	Election Lo	provide the second			
March 20, 2020		n -10 am; 4p				Employer's place of business				
12a. Full Name of Petitioner (inch				12b, Address (street					**	
Teamsters Local 445	- Th	100 m		15 Stone Castl					75	
12c. Full name of national or interna			itioner is an a	Affiliate or constituent (	(if none, so	o state):		-	Abroni	*
International Brotherhoo	d of Teamster	S								
12d. Tel. No. (845) 564-5297	12e. Cell No.		12f. Fax N	0.	12g.	E-Mail Add	ress			.+
13. Representative of the Petition	er who will accept	service of all par	pers for pure	oses of the represer	ntation pr	oceeding.				
13a. Name and Title:				ess (street and number			code):			
Michael C. Anderson, Esq. Shepherd LLP	/Barnes, Iaccari	no &	258 Sav	v Mill River Rd.,	2nd Fl.	Elmsfor	d, NY	10523		
13c. Tel. No.	13d. Cell No.		13e. Fax N			E-Mail Addr		12.5		The state of the s
(914) 592-1515	I'		The second second second second	92-3213	manderson@bislawfirm.com				45	
I declare that I have read the abo	ve petition and tha	was a second	are true to th	e best of my knowle		belief.				10-4-
Name (Print) .		Signature	Ce		Title		i			2/27/2020
Michael C. Anderson		w			Attori	ley				212112020

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
02-RC-257165	2-27-20				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 505 8th Avenue NY New York 10018-Breaking Ground, Inc. 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 666 Third Avenue 29th Floor NY New York 10017-Linda R Carlozzi Eso. 3f F-Mail Address 3c. Tel. No. 3d. Cell No. Linda Carlozzi@iacksonlewis.com (212) 545-4040 5a. City and Stale where unit is located; 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service New York, NY Housing 6a, No. of Employees in Unit: 5b. Description of Unit Involved Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [ ] No [ ] 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8d Cell No. Be. Fax No. 8c Tel No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b. Address 10a Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🕜 Manual 🔲 Mail 🔲 Mixed Manual/Mail any such election: 11b. Election Date(s): Tuesday 11d. Election Location(s): 11c. Election Time(s): 505 8th Avenue, New York, NY 10018 12-1 pm and 4 pm-7 pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (Including local name and number) Pedro Cardi Local 210, International Brotherhood of Teamsters 55 Broad Street, 11th Floor NY New York 10004-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12q. E-Mail Address (b) (6), (b) (7)(C) 12e. Cell No. 12f. Fax No. 12d Tel No. (917) 657-3511 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 450 Seventh Avenue, Suite 1400 NY New York 10123-Clara Suh Esq. Hoffmann & Associates 13d. Cell No. 13f, E-Mail Address clara.suh@hoffmannlegal.com 13e. Fax No. 13c. Tel No. (212) 679-0400 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title Name (Print) Signature Clara Suh 02/27/2020 13:07:36 Clara Suh Esq. WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB formation will cause the NLRB to decline to invoke its processes.

FEB 2 7 2020

P" :----

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
02-RC-257165	2-27-20				

Employees Included All maintenance workers working at 505 8th Avenue, New York, NY 10018 including housekeepers, engineers and painters

Employees Excluded
Office clerical employees, supervisors, security officers

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DOM	IOT WRITE IN THIS SPACE
Case No.	Date Filed
02-RC-257166	2-27-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, <a href="www.nlrb.gov">www.nlrb.gov</a>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

202 West 24th Street NY New York 10011-Breaking Ground, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 666 Third Avenue, 29th Floor NY New York 10017-Linda R Carlozzi Esq. 3f F-Mail Address 3c. Tel. No. 3d. Cell No. Linda Carlozzi@iacksonlewis.com (212) 545-4040 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Housing New York NY 6a. No. of Employees in Unit. 5b. Description of Unit Involved included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [ ] No [ ] and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 Check One: (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8f. E-Mail Address 8d Cell No. Be. Fax No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b. Address 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Tuesdays 202 West 24th Street, New York, NY 10011 12pm-1pm and 4pm-7pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Pedro Cardi Local 210, International Brotherhood of Teamsters 55 Broad Street, 11th Floor NY New York 10004-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12q. E-Mail Address (b) (6), (b) (7)(C) 12d. Tel No. 12e. Cell No. 12f. Fax No. (917) 657-3511 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 450 Seventh Avenue, Suite 1400 NY New York 10123-Clara Suh Esq. Hoffmann & Associates 13d. Cell No. 13f, E-Mail Address clara.suh@hoffmannlegal.com 13c. Tel No. (212) 679-0400 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title Name (Print) Signature Clara Suh 02/27/2020 12:59:35 Clara Suh Esq.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 el seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure public information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FEB 2 7 2020

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
02-RC-257166	2-27-20			

Employees Included All maintenance workers working at 202 West 24th Street, New York, NY 10011 including housekeepers, engineers and painters

Employees Excluded
Office clerical employees, supervisors, security officers

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
20 00 057407	0.07.00					

RC PETITION 02-RC-257167 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14 East 28th Street
NY New York 100163b. Address (If same as 2b – state same) Breaking Ground Inc. 3a, Employer Representative - Name and Title 666 Third Avenue, 29th Floor NY New York 10017-Linda Carlozzi Esq. 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (212) 545-4040 Linda, Carlozzi@jacksonlewis.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service New York, NY Housing 5b. Description of Unit Involved 6a. No. of Employees in Unit: 6 Included: See Attached Page 2 for additional detaits 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [ ] No [ ] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Bc. Tel No. 8d Cell No. Be. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 1 Manual Mail Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Tuesdays 14 East 28th Street, New York, NY 10016 12pm-1pm and 4pm-7pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Pedro Cardi Local 210, International Brotherhood of Teamsters 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address (b) (6), (b) (7)(C) 12d, Tel No. 12e. Cell No. 12f. Fax No. (917) 657-3511 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Clara Suh Esq. Hoffmann & Associates 450 Seventh Avenue, Suite 1400 NY New York 10123-13d. Cell No. 13f. E-Mail Address clara.suh@hoffmannlegal.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Clara Suh Clara Suh Esq 02/27/2020 12:49:39 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The puttine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information for the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
02-RC-257167	2-27-20				

Employees Included all maintenance workers working at 14 East 28th Street, New York, NY 10016 including houseskeepers, engineers and painters

Employees Excluded
Office clerical employees, supervisors, security officers

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WR	ITE IN THIS SPACE
Case No.	Date Filed
03-RC-256422	2/18/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/ , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE • A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Safire Rehabilitation of the Northtowns 2799 Sheridan Drive, Tonawanda, NY 14150 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Heather Edwards same 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. 716-837-4466 716-332-3520 HEdwards@northtownscarecenter.com 4b, Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: health care Tonawanda, NY nursing home 5b. Description of Unit Involved: 6a. Number of Employees in Unit: All full-time, part-time, and per diem professional and technical employees. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes Excluded: All other employees, guards, and supervisors as defined by the Act. Check One: 7a, Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 8b. Address: 1199 SEIU United Healthcare Workers East 2421 Main Street, Suite 100, Buffalo, NY 14214 8f. E-Mail Address 8c Tel No 8d. Cell No. 8e. Fax No. 716-982-0540 716-876-0930 kim.gibson@1100.org 8g. Affil ation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Service Employees International Union 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10a. Name 10b. Address 10d, Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: ] 11a, Election Type; 2799 Sheridan Drive, Tonawanda, NY 14150 Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c, Election Time(s): 11d, Election Location(s): March 4, 2020 11:30 a.m. to 1:30 p.m. Conference Room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 1199 SEIU United Healthcare Workers East 2421 Main Street, Suite 100, Buffalo, NY 14214 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union 12d. Tel. No. 12e. Cell No. 12g. E-Mail Address 12f. Fax No. 716-982-0540 716-877-0930 kim.gibson@1199.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a, Name and Title: 13b. Address (street and number, city, State and ZIP code): Catherine Creighton, Esq. 1103 Delaware Ave., Buffalo, NY 14209 13c. Tel. No. 13d. Cell No. 13f. E-Mail Address 13e, Fax No. 716-854-0007 716-854-0004 716-868-9026 ccreighton@cpjglaborlaw.com I declare that I have read the above petition and that the states end a group to the best of my knowledge and belief. Name (Print) Signature 1 Date Catherine Creighton 2/14/20 Attorney

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date/Filed				
03-RC-256434	3/18/2020				

INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other pa Case Procedures (Form NLRE	d. The petition must be acc- rties named in the petition o	ompanied in it: (1) the po	by both a strettion; (2) S	nowing of interest (se Statement of Position	e 6b below) and form (Form NL	d a certificat RB-505); an	e of service : d (3) Descrip	showing service on tion of Representation	
PURPOSE OF THIS PETITIC bargaining by Pelitioner and i requests that the National L	Petitioner desires to be certifie	d as repres	entative of the	ne employees. The Pe	titioner alleges	that the foll	owing circum	estances exist and	
2a. Name of Employer:		2b. Add	dress(es) of	Establishment(s) invol	ved (Street and	number, City	State, ZIP co	ode):	
Wainfleet Companies,	1000000		d Ave., Buffalo,						
3a, Employer Representative -	3b. Add	dress (if san	e as 2b - state same):						
Robert Newman		same							
3c. Tel. No.	3d. Cell No.		3e. Fax No	0.	31. E-Mail /	Address			
(716) 856-0709			1077623		to the second		ifleetcom	panies.com	
4a. Type of Establishment (Factor)	ary, mine, wholesaler, etc.)		4b. Princip	al Product or Service				unit is located:	
Retail	0-1-0-10-10-10-10-10-10-10-10-10-10-10-1		coffee	shop cafe		Buffalo,	NY		
5b. Description of Unit Involve Included:			n.	1 16	. 1	22	r of Employee	es in Unit:	
All fulltime and regula	r part-time employee	es at the	Elmwoo	d and Connection	ut locations		hataulial ave	- 100bi	
Excluded: All supervisors and gu	orde or defined by th	a A at				of the e	mplayees in t	nber (30% or more) he unit wish to be	
Check One: 7a. Request fo			in turne mande	es (Data)			nted by the P teclined recog	etitioner? x Yes No	
on or about (D		(If no reply r			git	a Embroker c	lectined recog	Integri	
	s currently recognized as Barg	The second second			n under the Act.				
Ba. Name of Recognized or Ce	rtified Bargaining Agent (If I	none, so sla	(e) 8b. Ac	idress:					
none									
Bc. Tel. No.	8d. Cell No.		Be. Fax No	).	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:			8h. Date of Recognition or Certification 8l. Expiration Da Recent Contract,						
9. Is there now a strike or picketi	no at the Employee's actablish	mont(e) lovi	ohind?	If so, approx	imately how man	ny amployae	are narticina	dinn?	
		ment(s) ma	IIO	in so, approx					
(Name of Labor Organization)						and the same of parties		th, Day, Year)	
<ol> <li>Organizations or individuals individuals known to have a remainder.</li> </ol>	other than Pelitioner and those epresentative interest in any i						es and other o	rganizations and	
10a. Nama	10b, Address	,	10c, Tel.			0.	10d, Cell No.		
			10e. Fax 1			lo. 101. E-Mail Address		ddress	
11, Election Details: If the NLR	a conducts and election in this	s matter, sta	ia your posi	lion with respect to any	y such election.		-	<b>—</b>	
	100				Takes and		I Mail	Mixed Manual/Mail	
11b. Election Date(s):	11c. Election		The state of the s			tion Location(s)			
March 3, 2020	10a-11:3		- op			3 Office,			
12a. Full Name of Petitioner (in Workers United	icluding local name and numb	er):		750 East Aven					
12c. Full name of national or inte	mational labor organization o	which Petit	tioner is an a	Infiliate or constituent (	if none, so state)	E.			
12d. Tel. No.	12e. Cell No.		121. Fax N	0.	12g. E-Mai	Address			
585-473-3280			0.000		ccreigh	ton@cpis	glaborlaw.	.com	
13. Representative of the Petit	onor who will accept servic	e of all pap	ers for purp	oses of the represer	itation proceed	ing.			
13a. Name and Title:			The second second second	ess (street and number					
Catherine Creighton			1103 D	elaware Ave., Bu	ffalo, NY 14	1209			
13c. Tel. No.	13d. Cell No.	_	13e. Fax No. 13f. E-Mail			E-Mail Address			
716-854-0007	716-868-9026		March Company	4-0004	11 20 30 30 30 30		glaborlaw.	.com	
declare that I have read the a		ments A				Town by I'm			
Name (Print)	Signa		1		Title			Date	
Catherine Creighton			1		attorney			2/17/20	

FORM NLRB-502 (RC)
(2-18) AMENDED

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 03-RC-256434

Date Filed 2/19/2020

INSTRUCTIONS: Unless o-File employer concerned is located the employer and all other par Case Procedures (Form NLRB	d. The petition must ties named in the pe	be accompanied tition of: (1) the p	by both a si letition; (2)	nowing of Interest Statement of Posit	(see 8b below) i Ion form (Form	ind a certifica VLRB-505); a	nte of service showing nd (3) Description of i	service on Representation	
PURPOSE OF THIS PETITIO bargaining by Petitioner and F requests that the National L	etitioner desires to be	certified as repre	sentative of t	he employees. The	Petitioner slieg	as that the fo	llowing circumstance		
Za. Name of Employer: Wainfleet Companies,	447	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 447 Elmwood Ave, Buffalo NY 14222, 349 Connecticut St, Buffalo NY 14213 and 617 Main Street, Buffalo NY 14203							
3a. Employer Representative - Robert Newman	1100000	3b. Address (if same as 2b - state same): Same							
3c. Tel. No. 716-856-0709	3d. Cell No.		3e. Fax No. 3f. E-M				nfleetcompanies	.com	
4a. Type of Establishment (Factor Retail	ry, mine, wholeseler,	atc.)		shop cafe	ice	5a. City a Buffal	nd State where unit is I	ocated:	
5b. Description of Unit Involved Included: All full-time and regular Excluded: All supervisors and gua	r part-time emp		3 locatio	ns in Buffalo	NY	6b. Do a	er of Employees in Un substantial number (30 employees in the unit ented by the Pelitione	% or more}	
Check One: 7a. Request for on or about (Da 7b. Petitioner is \$a. Name of Recognized or Cer None	currently recognized	(If no reply as Bargaining Re	received, so presentative	state).		and Employer	declined recognition		
8c. Tel, No	N. No. Bd. Cell No. Be. Fax No.				Bf. E-Ma	Bf. E-Mail Address			
8g. Affiliation, if any:						8i. Expiration Date of Current or Most Recent Contract, If any (Month, Day, Year)			
9. Is there now a strike or picketin (Name of Labor Organization) 10. Organizations or individuals o individuals known to have a re-	ther than Petitioner ar	nd those named in	(tems 6 and	9, which have clain	, has picke	ad the Emplo	es are participating? yer since (Month, Day, yes and other organiza		
10a. Name		Address	ar are din or	ognico il italii gg	10c, Tel.		10d, Cell No.		
						No.	10f. E-Mail Address		
11. Election Details: If the NLRS	conducts and election	n in this matter, st	ate your posi	tion with respect to	any such election	11e. Election		ed Manual/Mail	
11b. Election Date(s): March 3, 2020	11c. I	Election Time(s): .m 11:30 a	.m. & 2	p.m 5 p.m.		n 3 Office	(s):		
12a. Full Name of Petitioner (inc Workers United	cluding local name an	d number):		12b. Address (str. 750 East Av					
12c. Full name of national or inter UNITE	national labor organiz	ation of which Pe	itioner is an i	affiliate or constitue	nt (if nane, so sta	le):			
12d. Tel. No. 585-473-3280	12e, Cell No.		12f. Fax N	o.	12g. E-N ccreig	al Address hton@cpj	glaoblaw.com		
13. Representative of the Petitle 13a. Name and Title: Catherine Creighton, Atto		service of all pa	13b, Addn	poses of the representations of the representation of the represen	nber, city, State a	nd ZIP code):			
13c. Tel. No. 716-854-0007	13d. Cell No. 716-868-902	26	13e, Fax 1 716-85		131. E-M ccreig	13f. E-Mail Address ccreighton@cpjglaborlaw.com			
I declare that I have read the ab	ove petition and tha		are true to t	he best of my kno	-	rf.		Date	
Name (Print) Catherine Creighton		Signature	XT		Attorney			2/18/2020	

Patrick M Weisansal II

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case No. 03-RC-256608	Date Filed 2/20/2020	

02/19/2020 12:50:10

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 726 Exchange Street Floor 2 NY Bufalo 14210-Kaleida Health 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 726 Exchange Street Floor 2 NY Bufalo 14210-Robert Heftka Esq. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address rheftka@kaleidahealth.org (716) 859-8602 (716) 859-8670 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: 5b. Description of Unit Involved 6a. No. of Employees in Unit: 2 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [ No [ ] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/17/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8f. E-Mail Address 8d Cell No. -8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 3/4/2020 11c. Election Time(s): 11d. Election Location(s): 11:30am-12:00pm and 2:00pm-2:30pm Millard Fillmore Basement Conference Room 12a. Full Name of Petitioner (including local name and number)
Patrick M Weisansal II
Patrick Weisansal II - Communications Workers of America AFL-CIO 12b. Address (street and number, city, state, and ZIP code) 1900 sweet home road NY amherst 14228-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America AFL-CIO 12g. E-Mail Address pweisansalii@cwa1168.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (716) 639-9100 (716) 725-4953 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Amy Young Esq. District 1 Counsel Communications Workers of America AFL-CIO 80 pine street 37th Floor NY New York 10005-13d. Cell No. 13f. E-Mail Address 13e. Fax No. ayoung@cwa-union.org (212) 530-4744 (917) 796-1158 (212) 425-2947 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Patrick M. Weisansal II Director of Mobilizing and Organizing

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	18
03-RC-256608	2/20/2020	

# Employees Included

All full time and regular part time Anatomic Pathologists' Assistants employed by the employer at its Kaleida Health, Millard Fillmore Suburban site. NOTE: petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2019-2021 master agreement with Kaleida Health per article 3, section 1.G., "Millard Fillmore Hospital Professional Bargaining Unit"

**Employees Excluded** 

All other employees, including casual, guards, an supervisors as defined by the act

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NO	DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed	
02 55 055540	0/00/0000	

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 726 Exchnage Street Floor 2 NY Buffalo 14210-3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 726 Exchnage Street Floor 2 NY Buffalo 14210-Robert Heftka Esq. 3f. E-Mail Address 3e. Fax No. 3c. Tel. No. 3d. Cell No. rheftka@kaleidahealth.org (716) 859-8670 (716) 859-8602 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Buffalo, NY Healthcare Healthcare 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [ No [ ] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/17/2020 (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8e. Fax No. 8d Cell No. 8c. Tel No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) \_ 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b Address 10a. Name 10f. E-Mail Address 10e. Fax No. 11a. Election Type: 🔽 Manual 🦳 Mail 🦳 Mixed Manual/Mail 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11c. Election Time(s): 11d Election Location(s): 11b. Election Date(s): 3/4/2020 Millard Fillmore Hospital Board Room / Conference Room 8:00am - 9:00am and 12:30pm - 1:30pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number)
Partrick M Weisansal II
Patrick Weisansal II - Communications Workers of America AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communications Workers of America AFL-CIO 12g. E-Mail Address pweisansalii@cwa1168.org 12f. Fax No. 12e Cell No. 12d, Tel No. (716) 639-9100 (716) 725-4953 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Amy Young Esq. District 1 Counsel
Communications Workers of America AFL-CIO 80 Pine Street 37th floor NY New York 10005-13f. E-Mail Address 13e. Fax No. 13d. Cell No. ayoung@cwa-union.org (212) 425-2947 (917) 796-1158 (212) 530-4744 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Director of Mobilizing and Organizing Partrick M Weisansal II 02/19/2020 12:44:26

Partrick M Weisansal II Partrick M Weisansal II Director of Mobilizing and Organizing 1 02/19/2020 12:44:26

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

#### DO NOT WRITE IN THIS SPACE

Case 03-RC-256618 Date Filed 2/20/2020

Employees Included

All full time and regular part time clinical dieticians employed by the employer at its Kaleida Health, Millard Fillmore Suburban site. NOTE: petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2019-2021 master agreement with Kaleida Health per article 3, section 1.G., "Millard Fillmore Hospital Professional Bargaining Unit"

Employees Excluded

All other employees, including casual, guards, an supervisors as defined by the act

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
03 DG 357044	2/27/2020						

	OR RELATIONS BOARD		Case No.		Date	Filed
	RC PETITION				2/	27/2020
INSTRUCTIONS: Unless e-Filed	using the Agency's v	rebsite, www.	nlrb.gov. submit	= 257044 an original of this	Petition to a	n NI RB office in the Region
In which the employer concerns	d is located. The pet	ition must be	accompanied by	both a showing o	f interest (se	e 6b below) and a certificate
of service showing service on ti	he employer and all o	ther parties n	amed in the petiti	on of: (1) the neti	tion: (2) State	ement of Position form
(Form NLRB-505); and (3) Descri	iption of Representat	ion Case Pro	cedures (Form NI	RR 4812) The el	howing of int	arast should only be filed
With the NLRB and should not b	e served on the emni	OVER OF ARV O	ther norty			
1. PURPOSE OF THIS PETITION: RC-	CERTIFICATION OF REP	RESENTATIVE	- A substantial number	r of employees wish to	be represented	for purposes of collective
requests that the National Labor R	r desires to be certified as	representative of nder its proper	the employees. The authority pursuant to	Petitioner alleges the Section 9 of the Na	at the following	g circumstances exist and elations Act.
First Student		2b. Addres	ss(es) of Establishmen ate Route 52 Yo	nt(s) involved (Street a	and number, city	, State, ZIP code)
3a. Employer Representative - Name Joe Petrozak - Area Genera	and Title II Manager	31	b. Address (If same a	s 2b - state same)		
3c. Tel. No. 845-454-3065	3d. Cell No. 845-240-6188	30	e. Fax No.		3f. E-Mail Addi	ress k@firstgroup.com
4a. Type of Establishment (Factory, min		Principal product	or service			and State where unit is located:
Transportation  5b. Description of Unit Involved	Sch	ool Bus Tra	insportation			sville, NY
Included: Full time and part time	e drivers; full time and	d part time m	onitors; full time a	and part time med	chanics and	6a. No. of Employees in Unit: 38
Tech-in-Charge (TIC) Excluded: All others as defined I						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the
Check One: 7a. Request fo	recognition on Donatala	5				Petitioner? Yes V No
Ta. Request to	r recognition as Bargaining	eply received, so		WAand	d Employer deci	ned recognition on or about
7b. Petitioner i	s currently recognized as B			portification under the	A-4	
8a. Name of Recognized or Certified E	largaining Agent (If none	so state).	8b. Address	beruncation under the	ACI.	
8c. Tel No.	8d Cell No.	8e	e. Fax No.		8f. E-Mail Addr	226
71M					OI. E Was Add	000
8g. Affiliation, if any		8h.	8h. Date of Recognition or Certification  8i. Expiration Date of Current or Most Recer Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the	Employer's establishment	(e) involved?	NO If so approv	imataly how many an	mlavana ara na	Nai- sti- 2
(Name of labor organization)					ipioyees are par	ucipaung?
네 [18. [18. ] 이 경기 보고 있다면서 하게 되었다면서 하게 되었다면서 하다 하다.			the Employer since (#			
Organizations or individuals other that known to have a representative interest in the second s	in Petitioner and those named in the uniting any employees in the uniting in the	ned in items 8 an t described in ite	id 9, which have claims om 5b above. (If none,	ed recognition as repriso state)	esentatives and	other organizations and individuals
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.
				100. 10. 110.		Tou. Cell No.
				10e. Fax No.	777.77	10f. E-Mail Address
<ol> <li>Election Details: If the NLRB condu any such election.</li> </ol>			sition with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): Monday - Friday	11c. Election 6AM - 6PM			11d. Election Location 3883 State Route	on(s): e 52 Youngsv	ille, NY 12791
12a. Full Name of Petitioner (Including International Brotherhood of Team	isters Local 445			15 Stone Castle F	t and number, co Road Rock Ta	ty, state, and ZIP code) vem, NY 12575
12c. Full name of national or international International Brotherhood of Team	l labor organization of whic sters	h Petitioner is an	affiliate or constituent	(if none, so state)		
12d. Tel No. 845-564-5297 x 131	12e. Cell No. 845-857-7931	845	f. Fax No. 5-564-4120	li	12g. E-Mail Add polesel@tear	dress nstersunion445.org
13. Representative of the Petitioner wi	o will accept service of a	il papers for pu	rposes of the repres	entation proceeding	•	
13a. Name and Title Lori Poles	sel - VP		b. Address (street and Stone Castle Road Ro			ĵ.
13c. Tel No.	13d. Cell No.		e. Fax No.		13f. E-Mall Add	ress
I declare that I have read the above pe		ents are true to	the best of my know	ledge and bellef.		
Name (Print)	Sylphature VA VA VA	O TH	le		Date	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solidation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE 03-RC-257153 Date Filed 2/28/2020

	- 300				1				
INSTRUCTIONS: Unless e- employer concerned is loc the employer and all other Case Procedures (Form NL	ated. The petition must be a parties named in the petitio	accompanied by on of: (1) the per	both a sh tition; (2) S	owing of Interest tatement of Positi	(see 6b	below) and (Form NLI	a certific RB-505); e	ate of service showing and (3) Description of I	service on Representation
	TION: RC-CERTIFICATION nd Petitioner desires to be ce al Labor Relations Board pr	rtified as represe	ntetive of th	e employees. The	Petttor	er alleges	that the fo	ollowing circumstance	
2a. Name of Employer:		2b. Add	ress(es) of	Establishment(s) in	volved (	Street and r	number, C	ity, State, ZIP code):	
Vassar Brothers Med	ical Center	45 Re	ade Plac						
3a. Employer Representativ	e - Name and Title:	3b. Add	ress (if sem	e es 2b - state san	ne):				
Eileen Miller Director of Human	Resources	same	9						
3c, Tel. No. (845) 454-8500	3d. Cell No.		3e. Fax No	,		3f. E-Mail A eileen m	ddress niller@n	uvancehealth.org	1 1
4a. Type of Establishment (For health care facility	2012 101 077 1077	)	4b. Princip health	el Product or Servi	ice		5a. City Pough	and State where unit is to keepsie, NY	ocated;
5b. Description of Unit Invo Included: All Registered Nurses described in the	Nurse Case Manage ne Scope Clause of th	rs, residual t e collective b	to the exi	sting unit of R	egiste betwe	red en the	6a. Num	ber of Employees in Un	t
Excluded: Union and Em Social Worker Case N						of the	substantial number (30 e employees in the unit esented by the Petitione	wish to be	
Check One: 7a. Reques on or about 7b. Petition		(If no reply re	eceived, so	state).	8/2020 ation und			r declined recognition	
Ba. Name of Recognized or				dress:	mari mili	and their	-		
None									
8c. Tel. No.	8d. Cell No.		8e. Fax No. Bf. E-Ma		Bf. E-Mail A	Aaii Addrass			
8g. Affiliation, if any:	81	n. Date of R	ecognition or Certi	fication			Current or Most ny (Month, Day, Year)		
9. Is there now a strike or pic (Name of Labor Organizati		blishment(s) invo	olved?	tf so, app		and the second second		ees are participating? oyer since (Month, Day,	Year)
10. Organizations or individual individuals known to have	als other than Petitioner and on representative interest in a							lives and other organiza	tions and
10a. Name	10b. Add	iress				10c. Tel. N	0.	10d. Cell No.	
	3,41,4,44								
						10e, Fax No.		10f. E-Mail Address	
11. Election Details: If the N			le your post	tion with respect to	eny suc		☐ Man	ual Mail Mi	ked Manual/Mail
11b. Election Date(s): March 18, 2020		ction Time(s): 0-2:00 p.m.				Confere	nce Ro	n(s); om A (4th Floor)	
12a. Full Name of Petitione New York State Nurs		umber):		12b. Address (str 131 West 33 New York, N Attn: Jessica	3rd Str	eet, 4th f	-loor	d ZIP code):	
12c. Full name of national or None	international labor organizati	on of which Petiti	loner is an i		_				
12d. Tel. No. (212) 785-0157	12e. Cell No.		4	85-0242		1000000	a.Oliva@	DNYSNA.ORG	
13. Representative of the P 13a. Name and Title: Jose Cohe			13b. Addr 900 Th	poses of the repress (street and numerical Avenue, Stork, NY 10022	mber, cht uite 21	y, State and	ling. I ZIP code	):	
13c. Tel. No. (212) 356-0238	13d. Cell No.	7.7		No. 73-8238		13f, E-Mail Address jvitale@cwsny.com			
I declare that I have read th	e above petition and that to	he statèments a	re true to t	he best of my kno	owledge	and ballef.			
Name (Print) Joseph J. Vitale		Signature	DA	Ale	Tie	Counsel			2/28/20

DO NOT WRITE IN THIS SPACE

FORM NLRB-502 (RD)	UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD	Case No.	Case No. Dete Filed				
(2-18)	RD PETITION		03-RD-256936 2/26/20				
the employer and all other	Filed using the Agency's website, www.nirb.gov/ seted. The patition must be accompanied by both a e parties named in the petition of:(1) the petition: (2) S LRB 4812). The showing of interest should only be fi	showing of interest (see 7 below) and a Statement of Position form (Form NLR)	certificate of service 8-505); and (3) Descri	Region in which the showing service on ption of Representation			
recognized bargaining repri	TION: RD-DECERTIFICATION (REMOVAL OF REPRE esentative is no longer their representative. The Patition occeed under its proper authority pursuant to Section	er alleges that the following circumsta	ances exist and reque	he certified or currently exterthat the National			
2a. Name of Employer		of Establishment(s) involved (Street and		code)			
Heclani	mills 101	Normansk	11 5	FEBRT AN			
3s. Employer Representative	Plant manugal.	ame as 2b -siste same)	122	od M			
447 1700	3d. Fax No. 58 447-125 17/7/8	18-7940 S	ean, Ga	ger (a)			
da. Type of Establishment (Fa	clory, mine, wholeseler, etc.)	4b. Principal product o	service //	en Imilis.c			
5a. Description of Unit Involved	1	1100	5b. City	and State where unit			
Excluded:	Free and ofer	coal works	ver's A	wormens of			
8. No. of Employees in Unit	7. Do a substantial number (30% or more) of recognized bargaining representative?	the employees in the unit no longer wish	to be represented by	the certified or currently			
Bu blame of Recognized or Ce		8b. Affiliation	in, if any				
Bc. Address	went caral and	86. Tel. No. 86. Cell No.					
103 0	will be as and	801937555					
71001, K	stuepteral NJ	61. Fex No. 6g. E-Mail	Address				
9. Date of Recognition or Certi	floation 10. Expiration Da	1753457	and Office the Control Van				
a. Date of Necognition of Certi	10. Expiration of	ite of Current or Most Recent Contract, if	any (Month, Day, Year	1			
11a. la there now a strike or ple	cketing at the Employer's establishment(s) involved?	Yes No 11b. If so, approximate	ly how many employer	s are participating?			
	sicketed by or on behalf of (Insert Nama)			a labor organization, of			
(Insert Address)			sincs (Month, Day	, Year)			
	s other those named in Items 5 and 11c, which have classes a representative interest in any employees in the uni						
12a. Name	12b. Address	12c, Tel, No.	12d. Fax No.				
		12e, Cell No.	12f. E-Mall Ad	idresa			
matter, state your position v	RB conducts an election in this with respect to any such election.	13e. Election Type:		Miked Manual/Mali			
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(	A)	office!			
14. Full Name of Petitioner	2, 2000 7,000m - 8.	300.1401 Nor.	" ACION IN	\$1600/1V			
Tomoshi	11056:15pm-9	CBr	eak room	2 10000			
b) (6), (b) (7)(C)		(b) (6), (b)	(7)(C) Tax No.	~			
		4d. Cell No. (b) (6	14a E-Mail A 5), (b) (7)(C)	ddreas			
14f. Affillation, If any			// \-/ \(\ / \-/				
16. Representative of the Pet	itioner who will accept service of all papers for purp	oses of the representation proceeding					
15a. (b) (6), (b) (7)(C)		16b.Tide					
o) (6), (b) (7)(C)	<del>2</del>	15d. Tel. No.	15e, Fax No.				
		(b) (6), (b) (7)(C)	15g. E-Mali A	ddreak			
declars that I have read the	shove petition and that the statements are frue to the			In a Product			
(b) (6), (b) (7)(C)	sig(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C	)	Date Filed			

PRIVACY ACT STATEMENT

Solicitation of the information on this form to authorized by the National Labor Relations Act (NLRA), 28 U.S.C. § 151 et asq. The principal use of the information and related proceedings or illigation. The routine uses for the information are fully sat forth in the Federal Register, 71 Fed. Reg. 74842-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, feiture to supply the information may cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 04-RC-255726	2/4/20					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.initb.gov/+, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: New York Blood Center d/b/a Blood Bank of 100 Hygeia Drive, Newark, DE 19713 Delmarva 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Richard Thomas, Senior Executive Director 3e. Fax No. 3f. E-Mail Address 3d Cell No 3c. Tel. No. rthomas@bbd.org n/a 1-888-825-6638 n/a 4b. Principal Product or Service 5a. City and State where unit is located. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) receive blood donations Newark DF blood donation centers 5b. Description of Unit Involved: 6a. Number of Employees in Unit. Included: 53 See Attachment A 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X Yes See Attachment A Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/04/20 and Employer declined recognition on or about (Date) no reply (If no reply received, so state) 7b, Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None n/a 8f. E-Mail Address 8c. Tel. No. 8d Cell No. Be. Fax No. n/a n/a n/a n/a 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Mos! 8g. Affiliation, if any: n/a Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10b Address 10c. Tel No. 10d. Cell No. 10a Name n/a n/a n/a 10e. Fax No. 10f. E-Mail Address n/a n/a 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail X Manual Mail 11d. Election Location(s) 11b Election Date(s) 11c. Election Time(s): February 28, 2020 2:00-6:00pm See attachment B 12b. Address (street and number, city, State and ZIP code): 21 West Road, Suite 200, Towson, MD 21204 12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Union, Local 27 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state). United Food & Commercial Workers International Union 12f Fax No. 12g. E-Mail Address 12d. Tel. No. 12e Cell No. n/a n/a 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 21 West Road, Suite 200, Towson, MD 21204 13a. Name and Title: Nelson Hill, Assistant to the President 13e. Fax No. 13f, E-Mail Address 13d Cell No 13c. Tel No 302-632-4530 410-307-1799 n.hill@ufcw27.org 410-337-2700 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) Nelson I Will 02/04/20 Assistant to the President Nelson Hill

# **Attachment A**

# Included:

All full time and part time Donor Services employees including Blood Collection Technicians I, Blood Collection Technicians II, Blood Collection Technicians III, Blood Collection Technicians IV, Blood Collection Technician Leads, Fleet Drivers, and Registration Specialists located at:

### **Christiana Center**

100 Hygeia Dr. Newark, DE, 19713

### Salisbury Center

1309 Mt. Hermon Rd. Salisbury, MD 21804

#### **Dover Center**

221 Saulsbury Rd. Dover, DE 19904

#### Christiana Care Concord Health Center

161 Wilmington-West Chester Park, Suite 2300,

Chadds Ford, PA 19317

# Excluded:

All other employees, including but not limited to distribution drivers, schedulers, administrative personnel, guards, and supervisors as defined by the act.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
04-RC-255803	2/5/20						

						04-H	C-25580	3	41.	3120
INSTRUCTIONS: Unless e- employer concerned is loc the employer and all other Case Procedures (Form Ni	ated. The petition parties named in	n must be according the petition of	mpanied by : (1) the pet	both a	showing of interest (se 2) Statement of Position	e 6b below) a form (Form	and a certifica VLRB-505); ar	te of service sh d (3) Description	owing s	ervice on presentation
PURPOSE OF THIS PETI bargaining by Petitioner ar requests that the Nation	nd Petitioner desir	es to be certified	as represen	ntative	of the employees. The Pe	titioner alleg	es that the fol	lowing circums	tances	
2a. Name of Employer: Rejuvenations at Fai	r Acres			2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 340 N. Middletown Rd. Media, PA 19063						
					same as 2b - state same); roul Rd. Springfie		064			
ic. Tel. No. 510-338-8241	3d Cell N 215-28	10. 34-8372		3e. Fax 610-:	No. 338-8290		l Address eth.bilotta	@crozer.org	3	
a. Type of Establishment (Fa Behavioral Health Fa		esaler, etc.)			ncipal Product or Service theare		5a. City ar Media	nd State where u , PA	nit is loc	ated:
b. Description of Unit Invo ncluded: See attached	lved:						6a. Number 29	er of Employees	in Unit:	
excluded: See attached			of the	ubstantial numb employees in the ented by the Pet	unit wis	h to be				
check One: 7a. Reques on or about 7b. Petition. a. Name of Recognized or lone.	(Date) er is currently reco	(li ognized as Barga	f no reply real aining Repre	ceived, sentativ			20	declined recogni	tion	
c. Tel. No.	8d. Cell N	lo.		Be. Fax	No.	8f. E-Ma	8f. E-Mail Address			
Bg. Affiliation, if any:			8h	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
. Is there now a strike or pici (Name of Labor Organizatio 0. Organizations or individual individuals known to have	on) als other than Petit	tioner and those	named in ite	ms 8 a	nd 9, which have claimed	, has picke	ed the Employ	s are parlicipatir er since (Month, es and other org	Day, Y	
IONE Oa. Name		10b. Address	-	_		10c. Tel	No.	10d. Cell No.		
						10e. Fax	No.	10f E-Mail Address		
1. Election Details: If the N	LRB conducts and	l election in this	matter, state	your p	osition with respect to any	such election	11a. Electio		Mixe	d Manual/Mail
1b. Election Date(s): 2/24/20		11c. Election 1 6-9am, 12					11d. Election Location(s): See attached			
2a. Full Name of Petitioner Pennsylvania Associ Professionals	(including local nation of Staf	ame and number f Nurses and	d Allied	1	12b Address (street 1 Fayette Stree				1942	8
2c. Full name of national or none	international labor	organization of	which Petitic	mer is a	n affiliate or constituent (	if none, so sta	te):			
<sup>2d. Tel. No.</sup> 510-567-2907		37-8042			567-2915	12g. E-Mail Address cstelitano@pasnap.com				
3. Representative of the Pe 3a. Name and Title: Casy Stellitano, Organi		accept service		13b. Ad	urposes of the represer dress (street and number ette Street, Suite 47	r, city, State a	nd ZIP code):	19428		
3c. Tel. No. 510-567-2907		87-8042		13e Fax No. 610-567-2915		cstelit	13f. E-Mail Address cstelitano@pasnap.com			
declare that I have read the	e above petition	and that the sta		e true t	o the best of my knowle	dge and beli	of.			Date
Casy Stelitano		3.0	PANOS			Organize	r			02/05/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

5b.

۰۰۰ رر

Included: All full-time, part-time and per diem professional, technical and non-professional employees, including registered nurses, licensed practical nurses, patient care technicians, unit clerks and therapists employed at Rejuvenations at Fair Acres;

Excluded: All other employees, and skilled maintenance, guards, confidential employees and supervisors as defined by the Act.

11d. Election Location(s): Fair Acres Administrative Building 18 1st Floor Conference Room

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	04-RC-255831	Date Filed 2-06-20				

INSTRUCTIONS: Unless e-Filed in which the employer concerne of service showing service on to	ed is located. Th	e petition must	be accompanied by l	both a showing o	of interest (see	6b below) and a certificate		
(Form NLRB-505); and (3) Desci								
with the NLRB and should not b						and the second		
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petitioner requests that the National Labor R	CERTIFICATION OF er desires to be certifi	REPRESENTATI	IVE - A substantial number ve of the employees. The	Petitioner alleges th	nat the following	circumstances exist and		
2a. Name of Employer	elations Board proc		dress(es) of Establishmen					
Temple University Hospital		Je	eanes Hospital - Bone Mari A Philadelphia 19111-	ow Transplant Unit 7	600 Central Aver	nue		
3a. Employer Representative - Name	and Title		A Philadelphia 19111- 3b. Address (If same as	2b – state same)		•		
Albert D'Attilio Esq.			3401 N. Broad Str PA Philadelphia 1					
3c. Tel. No.	3d. Cell No.		3e. Fax No.	9140-	3f. E-Mail Addr	ess		
(215) 707-8257	(215) 280-8283	3	THE CONTRACTOR OF THE CONTRACT			uhs.temple.edu *.		
4a. Type of Establishment (Factory, min		4b. Principal pro	duct or service		5a. City a	and State where unit is located:		
Healthcare Facilities	Α,		Healthcare			Philadelphia, PA		
5b. Description of Unit Involved		1				6a. No. of Employees in Unit:		
Included: See Attached Page 2 for ad	ditional details				-	2 6b. Do a substantial number (30%		
Excluded: See Attached Page 2 for ad	ditional details			4		or more) of the employees in the unit wish to be represented by the Petitioner? Yes [7] No [1]		
Charle Carry		raining Danssaute	tive was made as (Data)		d Cambus deal			
	(Date)	(If no reply receive				ned recognition on or about		
8a. Name of Recognized or Certified			8b. Address					
8c. Tel No.	8d Cell No.				8f. E-Mail Address			
8g. Affiliation, if any			8h. Date of Recognition of	r Certification		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at th	e Employer's establis	shment(s) involved	? If so, approx	imately how many er	mployees are par	ticipating?		
(Name of labor organization)		has pick	keted the Employer since (	Month, Day, Year)		<u> </u>		
Organizations or individuals other the known to have a representative interest					oresentatives and	other organizations and individuals		
10a. Name	· . 10b. Ad	dress	10c. Tel. No.			10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cond any such election.		is matter, state you lection Time(s):	r position with respect to	11a. Election Type		Mail Mixed Manual/Mail		
11b. Election Date(s): February 26, 2020	betwee	n 11-1pm		Jeanes Hospital 76	et and number, city, state, and ZIP code)			
12a. Full Name of Petitioner (IncludIn Juanita N Howard Pennsylvania Association of Staff Nurses and A 12c. Full name of national or internation	Ilied Professionals (PAS	SNAP)	is an affiliate or constituen	1 Fayette Street Su PA Philadelphia 19	ite 475 428	ny, state, and zir code)		
None	ar labor organization	or minor r cultoner	io an annialo or constituon	. (				
12d. Tel No. (610) 567-2907	12e. Cell No. (267) 512-1585	11.200,700.5	12f. Fax No. (610) 567-2915	(00-1-1-1	12g. E-Mail Ad jhoward@pasn			
13. Representative of the Petitioner w			or purposes of the repres	entation proceeding	g.	300		
13a. Name and Title	*		13b. Address (street and	d number, city, state,	and ZIP code)			
13c. Tel No.	13d. Cell No.		13e. Fax No.	-	13f. E-Mail A	fress		
I declare that I have read the above p	etition and that the	statements are tro	ue to the best of my know	vledge and bellef.	2 (1)			
Name (Print)	Signature		Title -		Date	and the same		
Juanita N Howard	Juanita Howard	ETITION CAN BE	Staff Representative	IMPRICONMENT (I		2/6/2020 08:10:27		

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
04-RC-255831	2-06-20				

Employees Included

Financial Coordinators from the Bone Marrow Transplant unit located at Jeanes hospital to be included in the existing combined bargaining unit of Technical and Professional employees at Temple University Hospital

Employees Excluded
Other technical staff at Jeanes

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

					· · · · · · · · · · · · · · · · · · ·			07-20		
INSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other part Case Procedures (Form NLRB	. The petition must b ies named in the pet 4812). The showing (	e accompanied tion of: (1) the p of interest shoul	by both a s etition; (2) d only be fi	howing of interest (se Statement of Position led with the NLRB and	e 6b below) and form (Form NLI I should not be	l a certificat RB-505); an served on t	e of service showing s d (3) Description of Re he employer or any oti	ervice on presentation ner party.		
PURPOSE OF THIS PETITION     bargaining by Petitioner and Perequests that the National La	etitioner desires to be	certified as repres	sentative of	the employees. The Pe	titioner alleges	that the foll	owing circumstances	ollective exist and		
2a. Name of Employer: Kindle Cape May Car V	Vash	2b. Ad 525	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 525 Stone Harbor Blvd, Cape May Court House, NJ 08210							
3a. Employer Representative - N Bill Kindle, Owner	lame and Title:		3b. Address (if same as 2b - state same): Same							
3c. Tel. No. (609) 778-1656	3d: Cell No. Unknown		3e. Fax N Unkno		3f. E-Mail A billkind	ddress le@kind	eautoplaza.com	yy 143		
4a. Type of Establishment (Factor Car wash	y, mine, wholesaler, e	(c.)		pal Product or Service ashing and detail	ing		d State where unit is loo May Court Hous			
5b. Description of Unit Involved Included: Detailers and car washe			,,,,,,,		5	r of Employees in Unit				
Office clerical, profession			M	AND CONTRACTOR OF THE PARTY OF		of the e	ubstantial number (30%, imployees in the unit wis ented by the Petitioner?	h to be		
on or about (Dat 7b. Petitioner is	e) currently recognized a	(If no reply s Bargaining Rep	received, so presentative	state). and desires certification	b		Securities De	man		
8a. Name of Recognized or Cert None	ified Bargaining Age	nt ( <i>if none,</i> so sta	ate)   8b. A	ddress:						
8c. Tel. No.	8d. Cell No.		8e, Fax N	8e, Fax No. 8f		8f. E-Mail Address				
8g. Affiliation, if any:			8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
Is there now a strike or picketing     (Name of Labor Organization)	g at the Employer's es	tablishment(s) inv	volved? No	If so, approx	SP IN WARPO		s are participating? er since (Month, Day, Ye			
Organizations or individuals of individuals known to have a re- None					recognition as re	epresentativ				
10a. Name	10b. A	ddress	_	-	10c. Tel. No	o.	10d. Cell No.			
	A*				10e. Fax No	No. 10f. E-Mail Address				
11. Election Details: If the NLRB	conducts and election	in this matter, sta	ate your pos	ition with respect to any	y such election:	11a. Electio		d Manual/Mail		
11b. Election Date(s): February 28, 2020		ection Time(s): 0 PM - 1:00	PM 11d. Election Employ			on Location(s): ver's facilities				
12a. Full Name of Petitioner (inc International Associatio Workers, Local Lodge 4	n of Machinists 147, AFL-CIO	and Aerosp		12b. Address (street 425 Broadhollo Melville, NY	ow Road, St 11747	te 307	ZIP code):	1 ?		
12c. Full name of national or international Association	national labor organiza n of Machinists	and Aerosp	itioner is an ace Wor	affiliate or constituent ( kers, AFL-CIO						
12d, Tel. No. (718) 422-0090	12e. Cell No. (856) 562-93	57	12f, Fax (718)	No. 122-0177	12g. E-Mail cwalsh	Address Diamdist	rict15.org			
13. Representative of the Petitioner who will accept service of all pa 13a. Name and Title: Nicholas A. Scotto, Special Representative			13b. Add		r, city, State and	city, State and ZIP code):				
13c. Tel. No. (929) 226-1724	13d. Cell No. (631) 219-41	and the same of th		902-5720	nscotto(	13f. E-Mail Address nscotto@iamaw.org				
I declare that I have read the abo	ove petition and that		are true to	the best of my knowle		2 1				
Name (Print) Signature Nicholas A. Scotto						Title Special Representative Date 2/7/2020				

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 04-RC-256028

DO NOT WRITE IN THIS SPACE

2-10-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.'nlib'.gov/a, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 401 Rudgers Avenue Swathmore, PA 19081 2a. Name of Employer: CADES Children and Adulf Disability Education 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Sandi Montalvo Director of 3f. E-Mail Address SANDI, MONTAL VO CCADES. ORG 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Sunthmore, PA
6a. Number of Employees in Unit: 5b. Description of Unit Involved: Included: All Direct Support Professional Excluded: All Statutory Managers and Confidential employees defined by the of the employees in the unit wish to be represented by the Petitioner? Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s) March 3rd 4th or 5th NOON

12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 2589 Interstate Orive, Harrisburg, PA 17110 Local 668 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union 12g. E-Mail Address randall. bacon@Seiub68. org 12f. Fax No. 215-561-3644 215-561-2350 412-708-8566 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 2589 Interstate Drive, Harrisburg, PA 17/10 Randall Bacontt organizing Director 412-708-8564 randall. bacon esciuble young 215-561-3044 412-708-8564 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
04-RC-256058	Date Filed 2/10/2020				

INSTRUCTIONS: Unless e-Filed us	ing the Agend	y's website, wy	ww.nlrb.gov. submit	an original of this P	etition to a	n NLRB office in the Region
in which the employer concerned in	s located. Th	e petition must	be accompanied by	both a showing of i	nterest (se	e 6h helow) and a certificate
of service showing service on the	employer and	all other nartio	e named in the notiti	on of: (1) the netition	n. (2) State	mont of Docition form
(Form NLRB-505); and (3) Descript	ian of Poerse	antation Corn !	a nameu in the petiti	DD 4040) The pentio	II, IZ) State	ment of Position form
POINT NERO-303), and (3) descript	ion of Repres	emation case r	rocedures (Porm NL	RB 4812). The short	wing of int	erest snould only be tiled
with the NLRB and should not be	ervea on the	employer or an	y other party.			
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Rela-	esires to be certif	ed as representativ	e of the employees. The	Petitioner alleges that	the following	n circumstances eviet and
2a. Name of Employer	Jone Board pro	2b Ad	dress(es) of Establishmen	o Section 9 of the Natio	nai Labor R	State ZIO codel
Cooper University Hospital		1 Coc	per Piz, Camden, N	lew Jereau 08103	nonlour, ony	. State, Zir Loda)
3a. Employer Representative - Name and	Title	1,000	3b. Address (If same a		_	
Kenneth Maurone CH/FM-Director Plan		nd Maintenance	618 Benson Street	, Camden, NJ 081	03	
3c. Tel No.	3d. Cell No.		3e. Fax No.	The second secon	E-Mail Add	828
856-342-2914	856-298-28	87	856-968-8383			enneth@Cooperhealth.edu
4a. Type of Establishment (Factory, mine, v	The second secon	4b. Principal pro		1,77		and State where unit is located:
Hospital		Health Care	232531 340444		The second second	n, New Jersey
5b. Description of Unit Involved	70.07					6a. No. of Employees in Unit
Included: All full time and regular par		naintenance empl	loyees employed by the	e Employer at its Carr	den, New	32
Jersey acute care hospital,  Excluded:  Service and maintenance employed  defined in the Act		yeas, office conical em	proyees, professional employ	reas, security quards and su	pervisors as	6b. On a substantial number (30% or more) of the employees in the
Addition in the Section						unit wish to be represented by the Petitioner? Yes V No
Check One: 7a Request for re	cognition as Ban	gaining Representa	live was made on (Date)	None and E	mployer dec	lined recognition on or about
		(If no reply received				
7b Petitioner is c	urrently recognize	ad as Bargaining Re	epresentative and desires	certification under the A	et	
8a. Name of Recognized or Certified Bar None	gaining Agent (/	f none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e, Fax No.	8	f E-Mail Add	ress
8g. Affiliation, if any						Date of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establi	shment(s) involved	? No Il so, appro	ximately how many empl	ovees are pa	rticipatino? NONE
(Name of labor organization)						110110
	- 100°		seted the Employer since (			
<ol> <li>Organizations or individuals other than known to have a representative interest in a</li> </ol>	ny employees in	the unit described in	6 and 9, which have claim in item 5b above. (If none	ned recognition as repres e, so state)	enlatives and	d other organizations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
	1,500,000			100. 101.110.		100. Cen 140.
None	1416			10e. Fax No.		10f. E-Mail Address
11 Election Details: If the NLRB conducts	an election in th	is matter state you	r nosition with respect to	And The State of Co.	7700 37	La Francisco de la constantina della constantina
any such election.	arrangement in a	is marien, siere you	position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
11b. Election Date(s): March 3, 2020		lection Time(s): n to 7:30am and 2:	30nm to 3 30nm	11d. Election Location(s): 30pm to 3 30pm Conference Room 618 Benson Street, Camden, NJ		
12a. Full Name of Petitioner (Including Is						city, state, and ZIP code)
International Union of Operating Engines				11 Fairfield Place, We		
12c. Full name of national or international la International Union of Operating Engineer	bor organization		is an affiliate or constitue	the property of the second		110 01 000
12d. Tel No.	12e. Cell No.		12f Fax No.			
973-244-5800	973-722-1550		973-227-3785	Total Control of the	2g E-Mail Ad enney@loca	
13. Representative of the Petitioner who		ice of all papers fo		sentation proceeding		a 00.01g
13a, Name and Title Raymond G			1. 선생님, 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	nd number, city, state, an	d ZIP code)	
13c Tel No.	13d, Cell No.		13e. Fax No.		3f E-Mail Ad	draes
732-491-2104	732-266-8287		732-491-2120		eineman@k	
I declare that I have read the above petit	on and that the	statements are tru		wledge and belief.		
	anatupa	11 -	Title	The state of the s	Date	
Raymond G. Heineman	1511	1	Attorney	7	February 1	0. 2020
WILLFUL FALSE STATEME	NTS ON THIS P	ETITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U.S.	CODE, TITL	E 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set torth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
04-RC-256144	2/11/2020				

INSTRUCTIONS: Unless e-File employer concerned is located the employer and all other part Case Procedures (Form NLRB	I. The petition must les named in the pe	be accompanied stition of: (1) the p	by both a s etition; (2)	howing of interest (s Statement of Positio	nee 6b below) an	d a certifica .RB-505); an	te of service show d (3) Description	ving service on of Representation
PURPOSE OF THIS PETITION     bargaining by Petitioner and P     requests that the National La	etitioner desires to b	e certified as repres	sentative of	the employees. The P	etitioner alleges	that the fol	owing circumsta	nces exist and
2a. Name of Employer:				f Establishment(s) invi	olved (Street and	number, City	, State, ZIP code).	
Lehigh Valley Undergroun	duc	1.0	Bethmai on, PA 18					
3a. Employer Representative - 1		Jean fo		me as 2b - state same	ale:			
3a. Employer Representative - 1	vanie and me.	3b. Ac	idiess (ii Sai	ne as 20 - state same	2-			
Christina Micklos Owner		same	е					
3c. Tel. No.	3d. Cell No.		3e. Fax N	lo,	3f. E-Mail		and House	
to Time of Fatabilish most /Faste	732-476-7159		Ah Drinei	pal Product or Service		hristina@g	mail.com	t in located
4a. Type of Establishment (Factor Utility Contractor	y, mine, wholesaler,	e(C,)		nal Boring		Easton,		t is located:
5b. Description of Unit Involved	:					6a Numb	or of Employees in	Unit
Included;						35		
See attached sheet Excluded:						Sh Do a s	ubstantial number	(30% or more)
See attached sheet						of the	employees in the u	
Check One: 🗐 7a. Request for	recognition as Barga	ining Representati	ve was mad	e on (Date) 02/	11/2020 ar		declined recognition	
on or about (Da	te) 2-11-202	(If no reply	received, so	and desires certificati	Plyar the Act			
Ba. Name of Recognized or Cert				ddress:	on unper the Act.			
none								
8c. Tel. No.	8d. Cell No.		8e Fax N	Fax No. 8f. E-Mail A		Address		
8g. Affiliation, if any:		8h Date of Recognition or Certification					Weeth Day Year	4
						11 11 11	(Month, Day, Year	
9. Is there now a strike or picketin	g at the Employer's e	establishmeni(s) in	volved? No	If so, appro			s are participating	_
(Name of Labor Organization)		100		- 16VE - 16V	The second	11220	er since (Month, D	
<ol> <li>Organizations or individuals of individuals known to have a re- none</li> </ol>							es and other organ	nizations and
10a. Name	[10b.	Address			I 10c. Tel. N	lo.	10d. Cell No.	
					100000		- A Literary	
					10e. Fax N	lo.	10f, E-Mail Address	
11. Election Details: If the NLRB	conducts and election	o in this matter et	ate your poe	ition with respect to a	av euch election:	11a Flectio	o Tuno:	
In person, secret ballot	CONDUCTS AND ELECTIV	m m matter, su	ate your pos	illuli will respect to a	ny addit election.	× Manua		Mixed Manual/Mail
11b. Election Date(s):	110	Election Time(s)			11d Electi	on Location(		THE STATE OF THE S
02/28/2020	05:3	30-07:00			101 S 3r	d Street Ea	iston PA	
12a. Full Name of Petitioner (inc	luding local name ar	d number):		12b Address (stree	t and number, cit	y, State and	ZIP code):	
International Brotherhood	of Electrical Wo	rkers, Local Ur	ion 126	3455 Germante	own Pike Coll	egeville, P	A 19426	
12c. Full name of national or inten	national labor organi	zation of which Pet	itioner is an	affiliate or constituent	(if none, so state	):		
International Brotherhood of		rs, AFL-CIO						
12d. Tel. No.	12e, Cell No. 484-895-8876		12f. Fax 1	No.	12g. E-Mai		dud 26 com	
610-489-1185  13. Representative of the Petition	The second second	A CARLES OF THE REAL PROPERTY.	ners for nur	noses of the represe			lu126.com	
13a. Name and Title:	mer wito will accep	r service of all par	13b Add	ress (street and numb termantown Pike	er, city, State and	ZIP code):		
Michael Simmonds, Organ	nizer		200	N. 2. 100 May 1711/2		20 17 (57)		
13c, Tel. No.	13d, Cell No.		13e. Fax	No.	13f. E-Mail		400	
610-489-1185	484-895-8876		The same to the	the heat of a state		nds@ibew	u126.com	
I declare that I have read the ab Name (Print)	ove petition and the	Signature	are true to 1	the best of my know	Title			Date
Michael Simmonds			ner.	_	Organizer			02/11/2020
	_	100/10			1			

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No.

DO NOT WRITE IN THIS SPACE Dale Filed

PETITION 04-RC-256701 2/20/20 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Pelitioner and Pelitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3940 Locust Lene PA Harrisburg 17109-3b. Address (If same as 2b - state same) Prime Care Medical, INC. 3a. Employer Representative - Name and Title 3940 Locust Lane PA Harrisburg 17109-Todd Haskins 3c, Tel. No. 3d Cell No. 3e, Fax No. 3f. E-Mail Address (800) 245-7277 (717) 545-5491 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Medical Care for inmates at the Monroe County Correctional Facility Stroudsburg, PA 5b, Description of Unit involved 6a. No. of Employees in Unit: Included: See Allached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Allacted Page 2 for additional details Petitloner? Yes [ VI No [ ]] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c, Tel No. 8d Cell No. 8a Fay No. 8f. E-Mall Address 8g. Affiliation, If any 8h. Date of Recognition or Cartification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9, is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have daimed recognition as representatives and other organizations and individuels known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name Ob. Address 10c, Tel. No. 10d Cell No. 10e. Fax No. 10f, E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mall Mall Mixed Manual/Mall any such election 11b. Election Date(s) March 13th 2020 11c, Election Time(s): 11d. Election Location(s): Mall Ballot Election Mall Ballot Election 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) Matt Weldman - learnsters Local 773 3614 Lehigh St Suite A 12c, Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12d, Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mall Address mweldman@teamster773.org (610) 841-3284 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e, Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Dale Matt Weldman Business Agent / Organizer

Matt Weldman 02/20/2020 15:07:43 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or fitigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to Invoke its processes.

Attachment

DO NOT WR	ITE IN THIS SPACE
Case	Date Filed
04-RC-256701	2/20/20

Employees Included All Full-Time and Regular Part-Time Medical Staff, Licensed Practical Nurses, Registered Nurses, Medical Assistants, and Mental Health Clinicians

Employees Excluded

All other employees including but not limited to managers, supervisors and guards as defined by the act.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
04-RC-256774	2/21/20						

-						10-255/1		2/21/20
INSTRUCTIONS: Unless of employer concerned is to the employer and all othe Case Procedures (Form N	r parties named in the p	t be accompanied etition of: (1) the i	etition: (2)	showing of Interest (s Statement of Position	ae 65 below) as a form /Form N	nd a certifical	e of service show	ring service on
PURPOSE OF THIS PET bargaining by Petitioner a		ION OF REPRESE	NTATIVE -	A substantial number of the employees. The P	of employees wis	sh to be repres	sented for purpose	s of collective
2s. Name of Employer:		2b. A		of Establishment(s) invo				
Matrix NAC		Harl	eysville, i	PA 19438				
3a. Employer Representati	ve - Name and Title:	3b, Ac	idress (if sa	ame as 2b - state same)	):			
Bob Hoover VP Labor Relations		sam	e					
3c. Tel. No.	3d. Cell No. 724-416-680	0	3e. Fax I	No.	3f, E-Mail bob.hoo	Address ver@matrix	nac.com	
4a. Type of Establishment (F Utility Contractor	actory, mine, wholesaler,	etc.)	The State of the S	cipal Product or Service Construction		5a. City an Harleysv	d State where unit	is located:
5b. Description of Unit Inve	olved:		1			-	r of Employees in	Unit
Included: See attached sheet						4	200000000000000000000000000000000000000	
Excluded:						Sh Do ass	ibstantial number (	200/ 65 2000)
See attached sheet						of the a	mployees in the ur	it wish to be
Check One: 7a, Reques	t (Date) 2/21/202	(If no reply	received, si	o state). no nee	Lu	nd Employer o	lectined recognition	ner? 🗷 Yes 🗌 No
8a. Name of Recognized or	ser is currently recognized			and desires certification	n ander the Act.		-	
none	Continue Designing Ag	gent (ii none, so sis	100, 7	Address.			0	
8c. Tel. No.	Ted Call No		Los Faces	16	Lat F 11-11			
GG. 18), IVO.	8d, Cell No.		8e, Fax M	NO.	8f. E-Mail	Address		
8g. Affiliation, if any:			h. Date of	Recognition or Certifica		ion Date of Cu intract, if any (	rrent or Most Month, Day, Year)	
9, is there now a strike or pic (Name of Labor Organizati		establishment(s) im	olved? No	O If so, approx	A STATE OF THE REAL PROPERTY.	7.49	are participating?	
10. Organizations or individual individuals known to have none	als other than Petitioner a se representative interest	nd those named in in any employees	items 8 and in the unit d	d 9, which have claimed described in item 5b abo	recognition as ove, (If none, so	representative state)	s and other organi	zetions and
10a. Name	10b.	Address			10c, Tel, N	lo.	10d, Cell No.	
					10a. Fax No.		10f, E-Mail Addres	35
11. Election Details: If the N	LRB conducts and election	on in this matter, ste	ite your pos	sition with respect to an	y such election:	11a, Election	and the same of th	Mixed Manual/Mail
11b. Election Date(s):	111c.	Election Time(s):	I 11d. El			ion Location(s		MANUSUNAII
03/09/2020	05:3	80-07:00			(527a 117.67 a)		larleysville local	tion
12a. Full Name of Petitioner International Brotherho			ion 126	12b, Address (street				
12c. Full name of national or		THE STATE OF THE PARTY OF THE P				The same of	1 10420	
International Brotherhoo	d of Electrical Worke							
12d. Tet. No. 610-489-1185	12e. Cell No. 484-895-8876		12f. Fax 1	No.	12g, E-Ma		1420	
13. Representative of the Pe	101 445 4514		ers for pu	rooses of the represer		inds@ibewl	u 120.com	
13a. Name and Title:	autono, ano am socop		13b. Add	ress (street and numbe Sermantown Pike (	r, city, State and	ZIP code):		
Michael Simmonds, Or			10- 5-	N-	Line et la c	Addisor		
13c. Tel. No. 610-489-1185	13d. Cell No. 484-895-8876		13s, Fex	NO.	13f, E-Mail Address msimmonds@ibewlu126.com			
I declare that I have read th	THE STATE OF THE AVE		re true to	the best of my knowle		min a service management		
Name (Print)		Signature		,	Title			Date
Michael Simmonds		100	20		Organizer			02/21/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT
Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or titigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Matrix NAC / IBEW Local 126

**RC Petition Supplemental Information** 

5b. Description of the unit involved:

Included in the unit: All full time and regular part time warehouse employees tasked with material handling and stocking trucks at the Harleysville PA location

Excluded from the unit: All office clerical employees, guards, professional employees and supervisors as defined by the Act

Max Lyons

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. 2/28/20 04-RC-257107

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region In which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Crozer-Chester Medical Center 1 Medical Center Blvd, Upland, PA 19013 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 190 W. Sproul Rd. Springfield PA 19064 Elizabeth Bilotta, Chief Human Resource Officer, Crozer-Keystone Medical System 3c. Tel. No. 3d. Cell No. 3e. Fax No. 610-338-8241 215-284-8372 610-338-8290 elizabeth.bilotta@crozer.org 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Upland, PA Healthcare Hospital 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See attached 6b. Do a substantial number (30% or more) of the employees in the Excluded: See attached unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 2/28/20 and Employer declined recognition on or about Check One: 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the dor Certified Bargaining Agent //f page 20 2014 (Date) (If no reply received, so state). 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none 8f. E-Mail Address 8c. Tel No. 8d Cell No. Be. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b. Address 10a, Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual Mail Mixed Manual/Mall 11a. Election Type: any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Northeast Conference Room #2 6-9 am, 12-2 pm, 6-9 pm 3/27/20 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1 Fayette St, Suite 475 Conshohocken, PA 19438 Crozer Professionals Union - PASNAP 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12f. Fax No. 12e Cell No. 12d. Tel No. max@pasnap.com 267-279-4160 610-567-2915 610-567-2907 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Max Lyons, Lead Organizer 1 Medical Center Blvd, Upland, PA 19013 13f. E-Mail Address 13e. Fax No. 13d. Cell No. 13c. Tel No. max@pasnap.com 267-279-4160 610-567-2915 610-567-2907 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) 2/27/20

Lead Organizer WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

5b.

### included:

Unit A: All full-time, part-time, and per diem Registered Dieticians, Occupational Therapists, Physical Therapists, Speech Therapists, Social Workers and Social Work Techs

Unit B: All full-time, part-time, and per diem Certified Occupational Therapy Assistants, Physical Therapy Assistants, Physical Therapy Aides, and Recreational Therapists.

### Excluded:

All other employees, and skilled maintenance, guards, confidential employees, and supervisors as defined by the Act.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-255737

Date/Filed 20

INSTRUCTIONS: Unless e-i employer concerned is loci the employer and all other Case Procedures (Form NL 1. PURPOSE OF THIS PETI	ated. The petition must be parties named in the petit RB 4812). The showing o	e accompanied by tion of: (1) the pe f interest should	y both a s tition; (2) only be fi	howing of interest ( Statement of Position led with the NLRB a	see 6b below) an on form (Form Ni nd should not be	d a certific .RB-505); a served on	ate of service s nd (3) Descript the employer o	howing service on ion of Representation or any other party.	
	nd Petitioner desires to be on al Labor Relations Board								
2a. Name of Employer: VIA Transportation,	Inc.	1179	ress(es) of Lance l olk, VA		olved (Street and	number, Ci	y, State, ZIP co	de).	
3a. Employer Representativ Alex Lavoie	e - Name and Title:	3b. Add Saine	further white	ne ås 2b - state same	e):		enemin si Co-lenforent (m. c.) (d		
3c. Tel. No. 860-836-1738	3d. Cell No.		3e, Fax N	Q.	3f. E-Mail alex@r	Address idewithy	ia.com		
4a. Type of Establishment (Fatransportation		c.)		pal Product or Servic Insit services	е	Hamp	nd State where ton Roads	, Virginia	
on or about	ular part-time drive guards and supervis for recognition as Bargaini (Date) 1/29/2020 er is currently recognized as	sors as defining Representative (If no reply restance)  Bargaining Representative	ed in the was made eceived, so esentative	e Act, e on (Date) 1/2 state),		6b. Do a of the repres	employees in th	per (30% or more) e unit wish to be elitioner? ☑ Yes ☐ No	
8c. Tel. No.	8d, Cell No.		8e, Fax N	0,	8f. E-Mail	Address	ne a productiva de la constanción de l		
8g. Affiliation, if any:	1	l RI	Date of F	Recognition or Certific	cation 8i Expirat	on Date of (	Current or Most		
og. rumanor, u ary.			i. Butto or t	tooghillon or oonline			(Month, Day, Y	(ear)	
<ol><li>Is there now a strike or pick (Name of Labor Organization)</li></ol>	The second second second second second	ablishment(s) invo	olved? no	If so, appro	oximately how ma		es are participat yer since ( <i>Monti</i>		
10. Organizations or individua	a description of the control of the				ed recognition as	representati	DIVERSION OF A P.		
10a, Name	10b. Ad	dress			10c. Tel. N	lo.	10d. Cell No.		
			10		10e. Fax N	10e, Fax No.		10f. E-Mail Address	
11. Election Details: If the NU	RB conducts and election	in this matter, stat	e your pos	ition with respect to a	iny such election:	and the second second		Mixed Manual/Mail	
11b. Election Date(s): February 28, 2020	11c. Ele	ection Time(s):			11d. Electi break r	on Location		in Mariadiman	
12a. Full Name of Petitioner Teamsters Local Uni		number):	,	12b. Address (street 5718 Bartee S Norfolk, VA	Street	y, State and	ZIP code):		
12c, Full name of national or in International Brother		ion of which Petiti	oner is an	affiliate or constituent	l (if none, so state	);			
12d_ Tel, No. 757-461-7172	12e. Cell No. 757-821-112			9-2570		ers822@	gmail.com	14 stars to an annual control	
13. Representative of the Pe 13a. Name and Title: Jonathan Axelrod	titioner who will accept s	ervice of all pape	13b. Addr 1717 K Washin	ess (street and numb Street N.W. St gton, D.C. 2000	oer, city, State and uite   120 )6	i ZIP code):	A CONTRACTOR OF THE CONTRACTOR		
13c, Tel. No. 202-328-7222	13d. Cell No. 202-365-1610		COLUMN TOWN	8-7030		d@beins	axelrod.cor	n.	
I declare that I have read the Name (Print)		the statements as Signature	re true to t	he best of my know	tedge and belief			Date	
Jonathan Axelrod		Sonath		felrod	attorney		and the second	2/3/2020	

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 5-RC-255773

Date Filed 2/5/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: American Security Programs 1881 Campus Commons Drive, Suite 105, Reston, VA 20191 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Rick Pohland, President SAME 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. rpohland@securamericallc.com 703 834 8947 703.834.8900 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Washington, DC Security Services 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All regular F/T & P/T Sgts., Lts., and Capts., providing supervisory duties as defined in Section9(b)(3) or 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X Yes All Security Officers, office clerical employees, and managerial employees, as defined by the Act. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address NONE Bc. Tel. No. 8d. Cell No. Be. Fax No. 8f. E-Mail Address Bh. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: × Manual Mail Mixed Manual/Mail Manual election at a American Security Programs site. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 10:00AM - 12:00PM and 4:00PM - 6:00PM FEMA March 16, 2020 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 10 G Street, NE, Suite 600, Washington, DC 20002 National Association of Special Police and Security Officers 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Association of Special Police and Security Officers 12f. Fax No. 12g. E-Mail Address 12e Cell No. 12d. Tel. No. 202 487 3438 202.758.3262 Frasergabyl@aol.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 10 G Street, NE, Suite 600, Washington, DC 20002 Gaby L. Fraser 13f. E-Mail Address 13e. Fax No. 13c. Tel. No. 13d Cell No. 202,758.3262 Frasergabyl@aol.com 202.487.3438 e to the best of my knowledge and belief. I declare that I have read the above petition and that the state Date Name (Print) 2-4-2020 Director, Labor Relations Gaby L. Fraser

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No. 5-RC-256098 Date Filed 2/11/20

DO NOT WRITE IN THIS SPACE

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/ , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

bargaining by Petitioner a		ed as representative o	of the employees. The	e Petitioner alleges	that the fo	esented for purposes of collective flowing circumstances exist and abor Relations Act.		
2a. Name of Employer: VIA Transportation, [see next page for jo	1179 Lance	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1179 Lance Road Norfolk, VA 23502						
3a. Employer Representativ Alex Lavoic	* * 7	3b. Address (if s same	3b. Address (if same as 2b - state same):					
3c. Tel. No. 860-836-1738	3d, Cell No.	3e. Fax	No.	3f. E-Mail Address alex@ridewithvia.com				
4a. Type of Establishment (Fatransportation	actory, mine, wholesaler, etc.)		cipal Product or Serv ransit services	vice		ind State where unit is located: iton Roads, Virginia	1	
Excluded:	lved: ular part-time drivers e guards and supervisors				135 6b Do a of the	substantial number (30% or more) employees in the unit wish to be	] No	
Check One: X 7a. Request on or about 7b. Petition	t for recognition as Bargaining R	epresentative was ma (If no reply received, gaining Representativ	ade on (Date) so state).	VE-V-0-8		sented by the Petitioner? X Yes Ceclined recognition	1100	
8c. Tel. No.	8d, Cell No.	8e, Fax	No.	8f. E-Mail				
8g. Affiliation, if any:	8g. Affiliation, if any:				iration Date of Current or Most Contract, if any (Month, Day, Year)		SEPTIME SH	
(Name of Labor Organizati	keting at the Employer's establish on) als other than Petitioner and thos a representative interest in any	e named in items 8 ar	nd 9, which have clai	, has picketed med recognition as r	the Emplo	es are participaling? yer since (Month, Day, Year) ves and other organizations and		
10a. Name	10b. Addres	S	100		0.	10d. Cell No.	T	
				10e. Fax N	o.	10f. E-Mail Address		
11. Election Details: If the N	LRB conducts and election in thi	s matter, state your po	osition with respect to	any such election:	11a, Electi Manu		lail	
11b. Election Date(s): March 20, 2020	11c. Election	n Time(s):			Election Location(s): ak room			
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 822			12b. Address (street and number, city, State and ZIP code): 5718 Bartee Street Norfolk, VA 23502					
12c. Full name of national or International Brothe	international labor organization c rhood of Teamsters	f which Petitioner is a	in affiliate or constitu	ent (if none, so state	).÷	A A M S	Ī	
12d. Tel. No. 757-461-7172 12e. Cell No. 757-821-1121		12f. Fai 757-4			12g E-Mail Address teamsters822@gmail.com			
13. Representative of the P 13a. Name and Title: Jonathan Axelrod	etitioner who will accept service	13b. Ad 1717	urposes of the repr Idress (street and nu K Street N.W. ington, D.C. 20	mber, city, State and Suite 1120 006	ZIP code):		Ī	
13c. Tel. No. 202-328-7222	13d. Cell No. 202-365-1610	13e. Fa 202-3	x No. 328-7030	13f. E-Mail jaxelroo	Address d@beins	axelrod.com		
	e above petition and that the s	tatements are true to	o the best of my kn			Date		
Name (Print) Jonathan Axelrod	Sign	THE /	100 /	/ Title attorney		2/11/20	)20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### SECOND PAGE OF PETITION

2a. Name of Joint Employer HA Transportation Services, LLC

2b. Address of Joint Employer 135 W. 29<sup>th</sup> Street Suite 500 New York, NY 10001

3a. Employer Representative Chris Forbes, CEO

3.b Address same

3c Telephone Number 888-458-7530

3d. Cell Number

3e. Fax number

3f. Email Address

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD FIRST AMENDED

Case No. 05-RC-256098 ala4la0

DO NOT WRITE IN THIS SPACE

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in

the employer and all other parti	The petition must ies named in the pe	be accompanied etition of: (1) the	by both a s petition: (2)	howing of interest (see Statement of Position	6b below) and	d a certifica	and (3) Description of Representation the employer or any other party.	
requests that the National La	etitioner desires to be	e centiled as repre	sentative of	the employees The Pe	titioner alleges	that the fo	resented for purposes of collective ollowing circumstances exist and Labor Relations Act.	
2a. Name of Employer: River North Transit L.L.(	•	2b A	ddress(es) o	Establishment(s) involv	ved (Street and	number. Ci	ly State ZIP code)	
(see next page or joint e		509	E. 18th 5	Street, Norfolk, V	/A 23504			
3a. Employer Representative - N				me as 2b - state same);				
Alex Lavoie		Sam	ie	•				
3c. Tel. No. 860-836-1738	3d. Cell No.		3e. Fax N	lo.	alex@r	Address idewith	via.com	
4a. Type of Establishment (Factor) Transportation	r, mine, wholesaler,	etc.)		pal Product or Service ansit Services		5a. City a	and State where unit is located	
5b. Description of Unit Involved:			Traidire	insit Services		A Library Control of the Control of	oton Roads, Virginia	
Included: All full-time and regular	nactatime driv	ers employe	d by the	Employer		135		
Excluded:	part-time dire	rers employe	d by the	Limployer		Sh Do a	substantial number (30% or more)	
all other employees, gua						of the	employees in the unit Wistro be sented by the Petitioner? Yes No	
Check One 7a. Request for roon or about (Date	01/29/20	(If no reply	received, so	state).			r declined recognition	
8a. Name of Recognized or Certif	fied Bargaining Ag	ent (If none, so st	ele) 8b. A	and desires certification ddress:	under the Act.			
none								
8c. Tel No	8d Cell No.		8e Fax N	lo.	8f E-Mai A	Address		
Bg. Affiliation, if any							Current or Most y (Month, Day Year)	
9. Is there now a strike or picketing	a: the Emolover's es	stablishmentis) inv	olved? Nin	d so, approxim			es are participating?	
(Name of Labor Organization)		to ensure transfer to	0.1100. 1407	a to, byprom			es a.e participating eyer since (Month, Day, Year)	
<ol> <li>Organizations of individuals oth individuals known to have a rep none</li> </ol>	er than Petitioner airesentative interest	nd those named in in any employees	items 8 and in the unit de	9, which have claimed rescribed in item 5b abov	recognition as r re (If none, so	representati state)	ves and other organizations and	
10a. Name	1106.	Address		nine, and	10c. Tel. N	0.	10d. Cell No.	
					100000000000000000000000000000000000000			
			10e			0.	10f. E-Mail Address	
11. Election Details: If the NLRB of	onducts and electio	n in this matter, st	ate your posi	ition with respect to any	such election:	11a Election		
11b. Election Date(s): March 20, 2020	11c, E	lection Time(s):				11d. Election Location(s) break room		
12a, Full Name of Petitioner (inclu	iding local name and	d number):		12b Address (street a		, State and	ZIP code)	
Teamsters Local Union N				5718 Bartee Str Norfolk, VA 23	502			
12c. Full name of national or internal International Brotherhoo	ational labor organized of Teamster.	ation of which Pet S	itioner is an a	affiliate or constituent (if	none, so state)			
12d. Tel. No 757-461-7172	12e, Cell No. 757-821-112	21	757-45	95-2570	leamste		gmail.com	
13. Representative of the Petition 13a. Name and Title: Jonathan Axelrod	er who will accept	service of all pap	13b, Addre 1717 K	poses of the represent ess (street and number, Street N.W. Suite gton, D.C. 20006	ation proceed city, State and	ing.		
13c, Tel, No. 202-328-7222	13d. Cell No. 202-365-161	10	13e, Fax N 202-32		jaxelrod		axelrod.com	
I declare that I have read the above	e petition and that	the statements	are true to t		ge and belief.	785	Description of the second state of the second	
Name (Pnnt) Jonathan Axelrod		Spoture	-a	, )	rille attorney		3 /24/20	
		7	- /				12/2/1/20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or titigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Res. 74942-43 (Dec. 13, 2006). The \*ILRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

# SECOND PAGE OF PETITION

2a. Name of Joint Employer HA Transportation Services, LLC

2b. Address of Joint Employer 1.35 W. 29th Street Suite 500 New York, NY 10001

3a. Employer Representative Chris Forbes, CEO

3.b Address same

3c Telephone Number 888-458-7530

3d. Cell Number

3e. Fax number

3f. Email Address

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 5-RC-256327	Date Filed 2/13/20					

					J-1(C	-23032		
employer concerned is lo the employer and all other	-Filed using the Agency's webs cated. The petition must be acc r parties named in the petition of LRB 4812). The showing of into	ompanied by of: (1) the pet	both a s ition; (2)	howing of interest (see Statement of Position f	6b below) and orm (Form NLI	a certifica RB-505); an	te of service showing : id (3) Description of Re	service on epresentation
bargaining by Petitioner a	TITION: RC-CERTIFICATION OF and Petitioner desires to be certifi- nal Labor Relations Board proc	ed as represer	ntative of	the employees. The Peti	tioner alleges	that the foll	lowing circumstances	
2a. Name of Employer: American Security Pro LLC	ograms DBA Securameric			f Establishment(s) involved NW Washington D		number, City	, State, ZIP code):	
3a. Employer Representati Mark Phinney VP	ve - Name and Title:			me as 2b - state same): s Connections Dr 1	05 Reston V	'a. 20191		
3c. Tel. No. 703 834-8900	3d. Cell No. 703 898-1723		3e. Fax N 703 834		3f. E-Mail A mphinney		mericallc.com	
4a. Type of Establishment (F Government Office facil	actory, mine, wholesaler, etc.)			ipal Product or Service y Services		5a. City ar	nd State where unit is lo	cated:
5b. Description of Unit Inve			Security	y Services		100 A	er of Employees in Unit:	
Included:	I full time security semanas	l annual bananal	with a Fa	malayer ta pravida Co	on with tip all #	130		
Excluded:	full time security personne managerial and Superviso			A 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ecunty in all t	6b. Do a s	substantial number (30% amployees in the unit will ented by the Petitioner?	sh to be
on or abou	st for recognition as Bargaining R it (Date) ner is currently recognized as Bar	(If no reply rea	ceived, so	state).			declined recognition	
	r Certified Bargaining Agent (If ternational Local 32BJ	none, so state		Address: 25 Vermont AVE W	ashington D	C 20005		
8c. Tel. No.	8d. Cell No.		8e. Fax N	Vo.	8f. E-Mail Address			
202 387-3211	212 388-3381		202 939	12.77		seiu32bj.o		
8g. Affiliation, if any: SEIU		8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
Is there now a strike or pic     (Name of Labor Organization)	cketing at the Employer's establis tion)	hment(s) invol	ved? No	) If so, approxi			es are participating? rer since (Month, Day, Y	ear)
	ials other than Petitioner and those a representative interest in any						es and other organization	ons and
10a. Name	10b. Addres	S			10c. Tel. No	D.	10d. Cell No.	
None	None				n/a 10e. Fax No		n/a 10f. E-Mail Address	
					n/a .		n/a	
	NLRB conducts and election in thi te secure locations makes o		-		such election:			d Manual/Mail
11b. Election Date(s): Mail	11c. Election	n Time(s):			11d. Election	n Location(	s):	
12a. Full Name of Petitione	er (including local name and numi fustice and Security Profes			12b. Address (street a 305 Mt Zion Rd I			ZIP code):	
	international labor organization of tice and Security Profession			affiliate or constituent (if	none, so state).			
12d. Tel. No.	12e. Cell No. 503 544-3257				President	g. E-Mail Address esident@nljsp.us		
13. Representative of the F 13a. Name and Title: Ronald A. Mikell	etitioner who will accept servi		13b. Add	rposes of the represent ress (street and number, Zion Rd Dillsburg I	city, State and			
13c. Tel. No.	13d. Cell No. 503 5444-3257		13e. Fax		President	Mail Address dent@nljsp.us		
	he above petition and that the s		e true to					Date
Name (Print) Ronald A. Mikell	Sign	ature	00		Title President			Date 02/13/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Name (Print)

Louis Agre

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT W	DO NOT WRITE IN THIS SPACE							
Case No. 5-RC-25636	Pate Filed 1120							

Date

2/13/2020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Sunbelt Rentals 4417 Valley St, Enola, PA 17925-1444 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Michael Wichrowski - manager 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 717-216-2900 717-216-2901 pcm189@sunbeltrentals.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Equipment Rental Shop Equipment Rental Enola, PA 5b. Description of Unit Involved 6a, No. of Employees in Unit: Included: mechanics, lead mechanics, road mechanics, drivers, yard persons 6b. Do a substantial number (30% Excluded: All other employees or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 2, 2020 6:00 am to 9:00am Employer's Facility 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union of Operating Engineers, Local 542 1375 Virginia Drive Ste 100, Ft. Washington PA 19034 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers Local 542; AFL-CIO 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 215-542-7500 215-206-9054 215-591-0978 brett.toomey@iuoe542.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Louis Agre 13b. Address (street and number, city, state, and ZIP code) 1375 Virginia Drive Ste 100 Ft. Washington, PA 19034 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 215-542-7500 215-852-6548 215-591-0978 lou.agre@iuoe542.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Title

Counsel

lucis

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
5-RC-256696	Date Filed							

INSTRUCTIONS: Unless e employer concerned is lo the employer and all othe Case Procedures (Form N	cated. The petition me r parties named in the	ist be accompan	he petition: (2	showing of Interes	st (see 6b	below) a	nd a certific	nd (3) Description of	g service on	
PURPOSE OF THIS PET bargaining by Petitioner a requests that the Nation	ITTION: RC-CERTIFICA	TION OF REPRE	SENTATIVE presentative of	- A substantial numb	ber of empl	oyees wi	sh to be repr	esented for purposes of	of collective	
2a. Name of Employer: American Security Pro		25	. Address(es)	of Establishment(s)	involved (	Street and	d number, Ci	ty, State, ZIP code): k sites in Washing	gton DC	
3a. Employer Representati Mark Phinney VP	ve - Name and Title:			ame as 2b - state sa is Connections		105 Re	ston Va 20	0191		
3c, Tel. No. (703) 834-8900	3d. Cell No. (703) 898-1		3e. Fax (70 83	No. 4-89473)	13	3f. E-Mail mphinne		mericallc.com		
4a. Type of Establishment (F Govt Office facility		er, etc.)		cipal Product or Sen ty Services	vice		100000000000000000000000000000000000000	nd State where unit is gton DC	located;	
5b. Description of Unit Involuded:			- WI-I D				6a: Numb	er of Employees in Un	it:	
All regular part-time and Excluded: All confidential, clerical,						ns Act	6b. Do a s	substantial number (30 employees in the unit	wish to be	
Check One: 7a. Reques	st for recognition as Bar t (Date) her is currently recognize Certified Bargaining	gaining Represent (If no reled as Bargaining I Agent (If none, so	tative was man ply received, s Representative state) 8b.	de on (Date) to state). a and desires certific Address:	cation unde	ar the Act.	nd Employer	ented by the Petitioner declined recognition	r? 🛛 Yes 🗌 No	
8c. Tel. No.				25 Vermont Ave						
(202) 387-3211	8d. Cell No. (212) 388-3	381	(202) 9	8e. Fax No. 8f. E-Mail A (202) 939-0574 EAsad@			Address Įseiu32bj.c	org		
				8h. Date of Recognition or Certification Unknown 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) UNK					UNK	
9. Is there now a strike or pick (Name of Labor Organization 10. Organizations or individual individuals became to be a	on) als other than Petitioner	and those named	in items 8 an	d 9 which have clair	, ha	s pickete	d the Employ	es are participating?  er since (Month, Day, es and other organizat		
individuals known to have		o. Address	es in the unit o	described in item 5b						
SPFPA	25	510 Kelly Rd. 6066-4932	Roseville N	MI.	(	0c. Tel. N 586)772 De. Fax N	2-7250 (586) 872-5634			
11. Election Details: If the N	LRB conducts and elec	tion in this matter,	state your pos	sition with respect to	any such	586)772 election:	11a. Electio			
11b. Election Date(s): Mail	11c	Election Time(s)	:	******		ld. Electio	Manual Mail Mixed Manual/Mail on Location(s):			
12a. Full Name of Petitioner National League of Jus	(including local name a stice and Security i	nd number): Professionals		12b. Address (str. 305 Mt Zion F				ZIP code):		
12c. Full name of national or in National League of Justic	ce and Security Pro	ization of which P fessionals	etitioner is an	affiliate or constitue	nt (if none,	so state)	:			
12d. Tel. No.	12e. Cell No. (503) 544-32		12f. Fax f		P	resident	Address @nljsp.us			
Representative of the Petitioner who will accept service of all pa 13a. Name and Title: Ronald A. Mikell			papers for purposes of the representation 13b. Address (street and number, city 305 Mt Zion Rd Dillsburg Pa.			State and	ing. ZIP code):			
13c. Tel. No.	13d. Cell No. (503) 544-32						I3f. E-Mail Address President@nljsp.us			
I declare that I have read the Name (Print)	above petition and th	at the statements		77	wledge and	d belief.			I Date	
Ronald A. Mikell		,,	1	and	Presid	dent			Date 02/21/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 5-RC-256975 Date Filed 2/26/20

	2						41	20120		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must b named in the peti	e accompanied tion of: (1) the	by both a sh petition; (2) S	owing of interest tatement of Posit	(see 6b below) and ion form (Form NL	l a certificat RB-505); an	e of service showing d (3) Description of R	service on epresentation		
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	ioner desires to be	certified as repre	esentative of th	e employees. The	Petitioner alleges	that the foll	owing circumstances			
2a. Name of Employer: Indivisible Project		2b. A	ddress(es) of 730 Rhode	Establishment(s) in Island Avenue	NVV, Suite 912	number, City , Washing	, State, ZIP code): ton, DC 20036			
3a. Employer Representative - Nar Leah Greenberg - Co-Exec Ezra Levin - Co-Executive	cutive Director		ddress (if sam ame)	e as 2b - state san	ne):					
3c, Tel. No. 301-778-8533	3d. Cell No. 301-938-9761	Leah	3e. Fax No	).	3f. E-Mail A		g ezra@indivisible	.org		
4a. Type of Establishment (Factory, non-profit	100000000000000000000000000000000000000	roemo.	4b. Princip	al Product or Serving	17 10	5a. City ar	d State where unit is lo	cated:		
5b. Description of Unit Involved: Included: [see attached]						58	er of Employees in Unit			
Excluded: [see attached]						of the	ubstantial number (30% employees in the unit w ented by the Petitioner?	ish to be		
Check One:   7a. Request for recon or about (Date)  7b. Petitioner is cu		(If no repl	y received, so	state).	The State of the S	d Employer	declined recognition			
8a. Name of Recognized or Certifi	ed Bargaining Age	nt (if none, so s	state) 8b. Ad	ldress:						
8c. Tel. No.	8d. Cell No.	8e. Fax No.				8f. E-Mail Address				
8g. Affiliation, if any:			8h. Date of R				urrent or Most (Month, Day, Year)			
Is there now a strike or picketing a     (Name of Labor Organization)	at the Employer's es	tablishment(s) i	nvolved? No	If so, ap	proximately how ma		es are participating? er since (Month, Day,	Year)		
Organizations or individuals other individuals known to have a representation.	er than Petitioner an esentative interest i	d those named n any employee	in items 8 and s in the unit de	9, which have clair escribed in item 5b	med recognition as i	epresentativ				
10a. Name	10b. A	ddress		10c. Tel. 1			10d. Cell No.			
					10e. Fax N	lo.	10f. E-Mail Address			
11. Election Details: If the NLRB co	onducts and election	in this matter,	state your posi	tion with respect to	any such election:	11a. Electio	A STATE OF THE PARTY OF THE PAR	ed Manual/Mail		
11b. Election Date(s): March 18, 2020		lection Time(s): 1am-1pm			11d. Election Location(s): nationwide and DC office					
12a. Full Name of Petitioner (inclu Washington-Baltimore Nev	Contract of the Contract of th			A LOUIS OF THE ASSESSMENT OF THE PARTY OF TH	reet and number, cit street NW, Suite	TO SECURE OF THE PROPERTY OF	ZIP code): shington, DC 2000	5		
12c. Full name of national or interna The News Guild - affiliated v	The second secon				A CONTRACTOR OF THE PARTY OF TH	):				
12d. Tel. No. 202-785-3650 x 15	12e. Cell No. 703-627-4547		12f. Fax N 202-78		12g. E-Ma bjett@w	il Address bng.org				
13. Representative of the Petition 13a. Name and Title: Robert E. Paul, Attorney	er who will accept	service of all p	13b. Addr	ess (street and nu	mber, city, State and	ZIP code):	ashington, DC 20	036		
13c. Tel. No. 202-857-5000	13d. Cell No.		13e. Fax 202-32		1 1000 1000	13f. E-Mail Address rpaul@robertepaul.com				
I declare that I have read the above	e petition and that	t the statement	s are true to t	he best of my kno	owledge and belief					
declare that I have read the above petition and that the statements are true to the best of my knowled ame (Print)  Robert E. Paul					Title Attorney	Title Date				

### **INDIVISIBLE.ORG RC PETITION**

# Description of Unit Involved:

Included: All full- and part-time employees, including Associate Directors, Senior Managers, Managers, Senior Associates, Associates, Organizers, Press Manager, National Press Secretary, and Executive Assistants

Excluded: All human resources staff, legal staff, staff at the Director level or above, supervisors, managers, confidential employees and guards as defined in the Act.

FORM NURB-502 (RD) (2-16)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE									
Case No.	Date Filed								
05-RD-255841	2	6	ao						

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrh.goy/], submit an original of this Petition to an NLRB office in the Region in which the

employer concerned is toca the employer and all other p Gase Procedures (Form NL)	arties named in the	petition of:(1)	the petition; (2) Sta	atement of Po	sition form	(Form NLRB-505); a	and (3) Descrip	tion of Representation	
PURPOSE OF THIS PETITION     recognized bargaining representations Board pro	sentative is no longer	their represents	ative. The Petitlone	r alleges that	the following	ng circumstances e			
2a. Name of Employer American Security Progr		ablishment(s) involved (Street and number, city, state, ZIP code) mmons Drive, Suite 10							
3a. Employer Representative - Mark Phinney, Operation		-	3b. Address (il san same	ne as 2b - stat	e same)				
3c. Tel. No. 703-834-8900	of, E-Mail Address mphinncy@securamericallc.com								
4a. Type of Establishment (Fact Security	ory, mine, wholesaler	etc.)		46. Princip	pal product or service				
5a, Description of Unit Involved Included: All full-time and regular Excluded: All office clerical emplo  6. No. of Employees in Unit 134	yees, professions	al employee	s, and supervisor (30% or more) of (	ors as define	ed in the	NLRA	is loc W Washir	and State where unit aled: ngton, DC	
Ba. Name of Recognized or Cen Service Employees Inter	tified Bargaining Ager	of .	epresentative? X	Yes No		8b, Affiliation, if any			
8c. Address 1025 Vermont Ave, NW	7th Floor			8d. Tel. No. 202-387-3	211	Be. Cell No.	-		
Washington, DC 20005	, /ш. 1001			8/. Fax No.		8g. E-Mail Address			
9. Date of Recognition or Certific Unknown	cation		10. Expiration Date April 15, 2020		Most Recer	t Contract, if any (Mo	onth, Day, Year)		
11a. Is there now a strike or pick	ceting at the Employe	r's establishme	nt(s) involved? [	Yes X No	11b, If so,	approximately how r	nany employees		
11c. The Employer has been plo	ckeled by or on behalf	of (Insert Nar.	ne)			sine	e (Month Day,	a labor organization, of Year)	
(Insert Address) 12. Organizations or individuals	other those named in	items 8 and 11	c, which have claim	ed recognition	as represer	ntatives and other org	J. COUNTY WILLIAM	,	
and individuals known to have 12a. Name	ve a representative in	terest in any en	nplayees in the unit	described in its	m 5 above.	(If none, so state)	12d. Fax No.		
Tast Hams	1.00.7.00.00						Land Agency		
					12e. Cell	No.	12f. E-Mail Add	iress	
13. Election Details: If the NLF matter, state your position wi					13a. Elec	tion Type; 🔀 Manua	Mail I	Mixed Manual/Mail	
13b. Election Oate(s) February 19, 2020	11	3c. Election Tir 7:00 a.m. an	ne(s) d 3:00 p.m.		13d. Election Location(s) 1818 H Street, NW, Washington, DC 20433				
14. Full Name of Petitioner (b) (6), (b) (7)(C)									
14a, Address (Sime) and number (b) (6), (b) (7)(C)	er, city, state, ZIP cod	(e)		*	14b, Tel. (b) (6), (b	No. ) (7)(C)	14c. Fax No.		
					14d. Cell No. 14e. E-Mail (b) (6),			(A) Address (A), (b) (7)(C)	
14f. Affiliation, if any									
15. Representative of the Potiti	doner who will acce	pt service of a	Il papers for purpo	ses of the rep	15b.Title	proceeding.			
1 Jan Mario					1,5,00,000				
15c. Address (Street and number	er, city, state, ZIP cod	(8)			15d. Tcl.	No.	150. Fax No.		
10					15f. Cell N	Va.	15g. E-Mail Ad	dress	
				- 0			- January	70-1	
I declare that I have read the a				best of my kr	Title	nd belief.		Date Filed	
(b) (6), (b) (7)(C)	§(b	) (6), (b) (	7)(C)		Ti(le (b) (6), (	b) (7)(C)		2-4-2020	

NE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) EMENT

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### RD PETITION

DO NOT WRITE IN THIS SPACE								
Case No. 5-RD-256501	Date Filed 2/19/20							

located. The petition must be	accompanied by both a showi on; (2) Statement of Position fo	ng of interest (see 6 orm (Form NLRB-508	b below) and a certificate 5); and (3) Description of	of service showing se Representation Case P	rvice on the er	in which the employer concerned is mployer and all other parties named rm NLRB 4812). The showing of		
<ol> <li>PURPOSE OF THIS PETIT recognized bargaining repres</li> </ol>		N (REMOVAL OF R presentative. The P	EPRESENTATIVE) - A si etitioner alleges that the	ubstantial number of en following circumstar		rt that the certified or currently d requests that the National		
2a. Name of Employer MIDWEST ATC SERVICES, IN		2b. Add	iress(es) of Establishmen V 129TH ST ERLAND PARK 66213-		d number, city,	, State, ZIP code)		
3a. Employer Representative	Name and Title	I KS UV	3b. Address (If same as	s 2b – state same)				
DEANNA DRESEL EXECUTIVE			7300 W 129TH ST. KS OVERLAND PARK 6					
3c. Tel. No. (913) 787-2339	3d. Cell No.		3e. Fax No. (913) 897-9300	3	3f. E-Mail Addr DEANNA.DRES	ress SEL@ATT.NET		
4a. Type of Establishment (Fac	ctory, mine, wholesaler, etc.)	4b. Principal prod	uct or service		5a. City a	and State where unit is located:		
Servi	ces		AIR TRAFFIC CONTE	ROL	The River	Hagerstown. MD		
5b. Description of Unit Involv						6a. No. of Employees in Unit:		
Included: See Attached F  Excluded: See Attached F						6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be represented by the cer ified or currently recognized bargaining representative? Yes		
	Petitioner is curren ly recognize Certified Bargaining Agent	(If no reply received, ed as Bargaining Re	so state). presenta ive and desires (8b. Address		Act. CIRCLE SUITE	ined recognition on or about		
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addı			
(770) 356-7684	(b) (6), (b) (7)(C)		(850) 942-6722		b) (6), (b) (7			
8g. Affiliation, if any PATCO/AFSCME			3h. Date of Recognition or 02/17/20	(		Expiration Date of Current or Most Recent ontract, if any (Month, Day, Year) 02/17/2018		
9. Is there now a strike or picke	eting at the Employer's establis	shment(s) involved?	No If so, approx	imately how many emp	loyees are par	rticipating?		
(Name of labor organization	)	, has picke	ted the Employer since (I	Month, Day, Year)				
10. Organizations or individual have a representative interest	s other than those named in ite in any employees in the unit de	ems 8 and 9, which I	have claimed recognition	as representatives and	other organiza	ations and individuals known to		
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.		
				10e, Fax No.		10f. E-Mail Address		
11. Election Details: If the NI any such election. 11b. Election Date(s): 02/21/2020	11c. El 2:45 Pl	ection Time(s):	position with respect to	11a. Election Type: Manual Mail Mail Mixed Manual/Mail 11d. Election Location(s): HAGERSTOWN REGIONAL AIRPORT				
12a. Full Name of Petitioner Hagerstown Regional Airport	(b) (6), (b) (7)(C)			12b. Address (street (b)	and number, 0 (6), (b) (7	city, state, and ZIP code)		
12c. Full name of national or in Professional Air Traffic Controll	nternational labor organization ers Organization (PATCO), FP	of which Petitioner is D, NUHHCE, AFSC	ME, AFL-CIO					
12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)		12f. Fax No.		12g. E-Mail Ad b) (6), (b) (7			
13. Representative of the Per		ce of all papers for	purposes of the repres		/ (SI)			
13a. Name and Title			13b. Address (street and	d number, city, state, ar	nd ZIP code)			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	dress		
I declare that I have read the	above petition and that the	statements are true	to the best of my know	ledge and belief.				
Name (Print)	Signature		Title		Date			
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (d) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f								

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

### Attachment

Employees Included 3

Employees Excluded

DO NOT WRITE IN THIS SPACE							
Case	Date Filed						

FORM NLRB-502 (RD) (6-16)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

5- RD- 256888

Date Filed ala5 ao

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

b) (6), (b) (7)(C)	Signature (b) (6), (b)	Jan Gold Control		Title	(b) (7)(C)			Date Filed 02/20/20
declare that I have read the above	petition and that the stat	tements are true to the	best of my kn	15f, Cell N (b) (6), (b) owledge at	(7)(C)	15g. E-Ma	ni Addres	S
b) (6), (b) (7)(C)		15d, Tel. No. (b) (6), (b) (7)(C)		15e. Fax No.				
5a, Name b) (6), (b) (7)(C)				15b Title				
5. Representative of the Petitioner	who will accept service	of all papers for purpo	oses of the rep		proceeding.			
4f. Affiliation, if any								
				14d, Cell No. (b) (6), (b) (7)(C)		14e. E-M	ail Addres	55
14a. Address (Street and number cit) (b) (6), (b) (7)(C)	, state, ZIP code)			14b. Tel.	Ño.	14c. Fax	No.	
14. Full Name of Petitioner (b) (6), (b) (7)(C)								
13b. Election Date(s)	13c. Election			13d. Election Location(s)				
<ol> <li>Election Details: If the NLRB commatter, state your position with res</li> </ol>	nducts an election in this spect to any such election.			13a, Election Type: Manual Mail Mixed Manual				Mixed Manual/Mail
				12e. Cell	12f. E-Ma	12f. E-Mail Address		
and individuals known to have a r 12a. Name	representative interest in a	ing employees in the un	med recognition it described in its	as represe em 5 above 12c. Tel.	. (If none, so state)	ganizations 12d Fax		
11c. The Employer has been picketer (Insert Address) 12 Organizations or individuals other			mad sod10		sin	ce (Month,	Day, Yea	a labor organization, o
11a. Is there now a strike or picketing			Yes No	11b. If so	, approximately how	many emp	oyees an	e participating?
9. Date of Recognition or Certification		10. Expiration Da 12/21/2023	ate of Current or	Most Rece	ent Contract, if any (M	onth, Day,	Year)	
Towson, MD 21204			8f. Fax No.		8g. E-Mail Addres			
8c, Address 21 West Road, 2nd Floor			8d. Tel. No. 800-882-		8e. Cell No. (b) (6). (b) (7)(C)			
Ba. Name of Recognized or Certified UFCW Local 27	Bargaining Agent	My spreading to 1	i res		8b. Affiliation, if ar	ıy		
6. No. of Employees in Unit 800	7. Do a substantial n	number (30% or more) of ining representative?	f the employees	in the unit	no longer wish to be	represente	by the c	ertified or currently
Excluded: Transportation, Live Haul D	rivers, Shipping, Co	oolers, Maintenanc	e, HR, Box 1	room,QA	, Paws, Giblets.	J)		
Included: 1st Processing, 2nd Processi	ng and Tray Pack.						is locate	s State where unit ed: e, Delaware
Poultry plant  5a. Description of Unit Involved				chicke			City one	Cinto Whate Walt
302-988-6320 4a. Type of Establishment (Factory,	52	10000	iskill@mountair	20,740,000				
Kevin Braunskill HR Manag	Kevin Braunskill HR Manager 55 Hosier Street, Sel Br. Tel. No. 3d. Fax No. 3e. Cell No.							
Mountaire Farms Inc  3a. Employer Representative - Nar	treet, Selbyv	Establishment(s) involved (Street and number, city, state, ZIP code) et, Selbyville, Delaware 19975 e as 2b - state name)						
2a. Name of Employer	f under its proper author	2b. Address(es)	of Establishmen	nt(s) involve	Relations Act.			
<ol> <li>PURPOSE OF THIS PETITION: recognized bargaining representa</li> </ol>	RD- DECERTIFICATION	(REMOVAL OF REPRIPE	ESENTATIVE) -	A substant	tial number of employ		that the c	
Case Procedures (Form NLRB 4	812). The showing of in	terest should only be	filed with the N	LRB and s	hould not be served	on the en	ployero	r any other party.

WILLFUL FALSE STATEMENTS OF THIS PETITION CAN BE PONISHED BY PINE AND IMPRISONMENT (U.S. GODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
_06-RC-256150	2-11-20					

RC PETITION							06-	RC-25	6150		2-1	1-20
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the petition of: (	panied by 1) the pet	both ition;	(2) S	owing of interest (s tatement of Position	ee 6b belo n form (Fo	ow) and a orm NLRB	certificat -505); an	e of service sh d (3) Descriptio	owing so on of Rep	ervice on presentation
PURPOSE OF THIS PETITION: It bargaining by Petitioner and Petit requests that the National Laboratory	ioner desire	s to be certified a	s represe	ntativ	e of th	e employees. The P	etitioner a	lleges tha	at the foll	owing circumst	tances e	
2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):												
Morgan Properties Casca	de Town	homes	100 E	ast	Wes	t Drive Pittsbu	ırgh, Pa	15237				
3a. Employer Representative - Nan	ne and Title		3b. Addr	ess (i	if sam	e as 2b - state same,	):					
Michael Kinney Service	Manager		Same									
3c. Tel. No.	3d. Cell No	).		3e. F	ax No			-Mail Add				
717-953-1847	same					470		chaelki	nney(a	moreprope	rtymg	mt.net
4a. Type of Establishment (Factory, Property Skilled Maint.	mine, whole	saler, etc.)				al Product or Service y Maint	)	322	a. City an Pittsburg	d State where u h, Pa	nit is loca	ited:
5b. Description of Unit Involved:								6	a. Numbe	r of Employees	in Unit:	
Included: All fulltime & regular par	rttime sk	illed Maint	employ	ees	at G	overnorsRidge	e / Casc	ade ]	Three (	3)		
Excluded:		V 2						6	b. Do a su	ubstantial number imployees in the	er (30% c	or more)
Managers, Supervisors an							ployees		represe	nted by the Peti	tioner?	
Check One: 7a. Request for recon or about (Date)  7b. Petitioner is cur		(If n	no reply re	ceive	d, so s	state).	on under th	-	mployer o	leclined recognit	ion	
8a. Name of Recognized or Certific					b. Ad		on under un	e Act.				
NONE		5 5 1	• (0.7)	,								
8c. Tel. No.	8d. Cell No	).		8e. F	ax No		8f. E	-Mail Addı	ress			
8g. Affiliation, if any:		-12	8h	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)								
9. Is there now a strike or picketing a	t the Employ	yer's establishme	nt(s) invol	ved?	No	▼ If so, appro	ximately ho	ow many e	employees	s are participatin	g?	
(Name of Labor Organization)					-		, has p	icketed the	e Employe	er since (Month,	Day, Ye	ar)
10. Organizations or individuals other individuals known to have a representation										es and other orga	anization	s and
none	-									121-2		
10a. Name		10b. Address					10c.	Tel. No.		10d. Cell No.		
							10e.	Fax No.		10f. E-Mail Add	ress	
11. Election Details: If the NLRB co	nducts and	election in this ma	atter, state	your	positi	on with respect to ar	ny such ele	1.0	a. Election Manua	130000	Mixed	Manual/Mail
11b. Election Date(s):	3	11c. Election Tir	TO THE STATE OF TH				11d. Election Location(s):					7
ASAP		Daylight ho	0.000.000.0000			10000		employ		N. S. D. SUNTANIA CO.		
12a. Full Name of Petitioner (include						12b. Address (street				ZIP code):		
International Union of Op	perating [	Engineers L	ocal 95			300 Saline Str	reet Pgh	i, Pa 15	207			
12c. Full name of national or internat International Union of op			nich Petitio	oner is	s an a	ffiliate or constituent	(if none, so	o state):				
12d. Tel. No.   12e. Cell No.   12f. Fax No.   12g. E-Mail Address												
412-422-4702 X102												
13. Representative of the Petitione	r who will a	accept service o										- 1
13a. Name and Title:  Richard Gilardi Esq  13b. Address (street and number, city, State and ZIP code):  Benedum Trees Building 223 Fourth ave Pgh Pa 15222								3				
13c. Tel. No.	13d. Cell N	lo.		120	Fax N	2	406	E-Moil Ad	droce			
412-391-9770	13u. Cell N	io.				o. 1-9780		13f. E-Mail Address				
I declare that I have read the above	e petition a	nd that the state	ments ar				rpgilardi@lawgol.com					
Name (Print)	- pennon u	Signature	e 1			1	Title					Date ,
	LARS		- ha	.0	P	Giland		211155	LA	TOP UN	1011	alulan

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 06-RC-256431	Date Filed 2-14-20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): The Watson Institute 301 Camp Meeting Road Sewickley, PA 15143 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Barry W. Bohn, CEO Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 412 741 800 barryb@thewatsoninstitute.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Private School Education Sewickley, PA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: 120 See atached Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No See attached Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none 8c. Tel. No. 8f. E-Mail Address 8d. Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) 10a, Name 10b. Address 10c, Tel, No. 10d. Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): The Watson Institute Education Association PSEA/NEA 10 South 19th Street Pittsburgh, PA 15203 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Pennsylvania State Education Association/National Education Association 12d. Tel. No. 12e Cell No. 12f. Fax No. 12g. E-Mail Address 412 381 2400 412 432 2034 medgell@psea.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 10 South 19th Street Pittsburgh PA 15203 Matt Edgell, Region Advocacy Coordinator 13d, Cell No. 13f. E-Mail Address 13c. Tel. No. 13e. Fax No. 9063619333 medgell@psea.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Region Advocacy Coordinator 2/14/2020 Matt Edgell

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

#### Petition RC Question 5b. Description of Unit Involved

<u>Included</u> – All full time and regular part time instructional employees, including but not limited to, teachers, counselors, aides, teaching assistants, behavior assistants, nurses, therapists, speech and language pathologists, community specialists and behavioral specialists

Excluded – supervisors, first level supervisors, guards and management employees as defined by the act.

## TIONAL LABOR RELATIONS BOAR

DO NOT WRITE IN THIS SPACE					
Case No. 06-RD-255829	Date Filed 2/6/20				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) ABC Transit, Inc. 201 Hahn Road, Pittsburgh, PA 15209 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) SAME AS ABOVE Sandy Smith, Terminal Manager 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (412)4775057 (412)821-4000 info@abctransit,com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Pittsburgh, PA School Bus Transportation 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and part-time drivers, monitors and aides employed by the Employer at its 201 Halin Road, 6b. Do a substantial number (30% Pittsburgh, Pennsylvania, facility: or more) of the employees in the unit no longer wish to be Excluded: all office clerical employees, guards, professional employees and supervisors as defined in the Act. represented by the certified or currently recognized bargaining representative? Yes X No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b. Address General Teamsters, Chauffeurs and Helpers Local Union 249 a/w 4701 Butler Street, Pittsburgh, PA 15201 International Brotherhood of Teamsters 8c. Tel No. 8d Cell No. Be. Fax No. 8f E-Mail Address (412)682-3700 (412)682-3732 8g. Affiliation, if any 8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) International Brotherhood of Teamsters February 1, 2019 N/A 9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_ + No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: \_\_ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 8:30 am to 10:30 am; 1:00 pm to 1:30 pm; and Driver's Room 3:30 pm to 5:30 pm 12a. Full Name of Petitioner 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NONE 12e. Cell No. 12f Fax No 12g. E-Mail Address 12d Tel No (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title SAME AS ABOVE 13f, E-Mail Address 13c Tel No. 13d. Cell No. 13e. Fax No. SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE I declare that I have read the above petition and that the state (b) (6), (b) (7)(C) ements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) an Individual

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, FITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RC PETITION

DO NOT WRITE IN THIS SPACE

PRC-256084 February 10, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 2a. Name of Employer 1700 Clinton St. Muskegon MI 49442 Mercy Health Partners Hackley Campus 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Robin Belcourt, Labor Relations Director same 3f, E-Mail Address 3c. Tel. No. 3e. Fax No. robin.belcourt@mercyhealth.com 231-672-3718 231-672-6971 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Sa. City and State where unit is located: Hospital Muskegon Health care 6a. No. of Employees in Unit 5b. Description of Unit Involved 15 Included: all full-time and regular part-time Emergency Department Technicians employed by the Employer at its Hackley 6b. Do a substantial number (30% or more) of the employees to the Excluded: unit wish to be represented by the guards and supervisors as defined by the Act and all other employees Petaloner? Yes 🗸 No 7a. Request for recognition as Bargaining Representative was made on (Date) n/a Check One: and Emolover declined responition on or about (Date) (if no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Sa. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None - IAM decertified in 2014 07-RD-141493 8d Cell No. Se. Fax No. BE E-Mail Address ag, Affiliation, if any 8h. Date of Recognition or Certification St. Expiration Date of Correct or Most Recent Contract # any (Month Day, Year) Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Dsy, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations are individuals. known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d Cell No. 2313431528 Section. Michigan Union of Healthcare Workers (MUHW) 3100 Giles Rd., Muskegon MI 49445 10e Fax No. TIT E-Mail Address hazandah@idouri.com 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a Election Type: / Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s) Gett LEA-10A 12a. Full Name of Petitioner (including local name and number 12b. Address (street and glanter, city, side, and ZIP carl SEIU Healthcare Michigan 1657 S. Getty St., Muskegon ME 49442 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12e. Cell No. 12f. Fax No. 120 E-Mail Address Fred 313-303-9221 same as above 3/3-3。3 - 922) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Paul Haag 13b. Address (street and number, city, state, and ISP code) same as above 180. Tel NO 13G CMI NO. IDS. PRINTED same as above I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Siemature Regional Coordinator ( A PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
O7-RC-256270	Date Filed 2/13/2020				

					0, KG 23			13/2020
INSTRUCTIONS: Unless e-Fil employer concerned is locate the employer and all other pa Case Procedures (Form NLR)	ed. The petition must b arties named in the peti	e accompanied tion of: (1) the p	by both a sh petition; (2) S	owing of interes tatement of Posi	t (see 6b below) ar ition form (Form N	d a certifica LRB-505); ai	te of service showing nd (3) Description of R	service on epresentation
PURPOSE OF THIS PETITION     bargaining by Petitioner and     requests that the National	Petitioner desires to be	certified as repre	sentative of th	e employees. Th	e Petitioner allege:	that the fol	lowing circumstances	
2a. Name of Employer: West Michigan Auto A	Auction			Establishment(s) St. Waylan	involved (Street and d MI 49348	number, Cit	y, State, ZIP code):	
3a. Employer Representative Carl Musjian- General		3b. A. SAI		e as 2b - state sa	me):			
3c, Tel. No. 616-877-2020	3d. Cell No.		3e. Fax No		3f, E-Mail	Address		
4a. Type of Establishment (Fact Automobile Transport		(c.)	4b. Princip Deliver	al Product or Sen y	vice		nd State where unit is to and MI	cated:
5b. Description of Unit Involve Included: Tractor Trailer Drivers Excluded:		iple vehicle	es), Rollba	ck Driver		11 6b. Do a s	er of Employees in Unit	or more)
7,429,400	or recognition as Bargain Date) 02/13/20		ive was made received, so		02/13/20 a	of the repres	employees in the unit wented by the Petitioner? declined recognition	ish to be
☐ 7b. Petitioner	is currently recognized a	s Bargaining Re	presentative a	nd desires certific	cation under the Act			
ga, Name of Recognized or Ce International Brotherh					e. S.E. Grand	Rapids N	/II 49508	
8c, Tel. No. 616-452-1551	8d. Cell No. 616-204-641	0	8e. Fax No 616-452		8f. E-Mail tom@t	Address eamsters	406.org	
8g. Affiliation, if any:			8h. Date of Re	ecognition or Cert			urrent or Most (Month, Day, Year)	
<ol><li>Is there now a strike or picket (Name of Labor Organization)</li></ol>		tablishment(s) in	volved? No	If so, ap			es are participating? yer since (Month, Day,	(ear)
10. Organizations or individuals individuals known to have a							res and other organizati	ons and
10a. Name	10b. A	ddress			10c. Tel. I	No.	10d. Cell No.	
					10e. Fax I	No.	10f, E-Mail Address	
11. Election Details: If the NLR	B conducts and election	in this matter, st	tate your posit	ion with respect to	o any such election:	100000000000000000000000000000000000000	on Type: al	ed Manual/Mail
11b. Election Date(s): T.B.D,	11c, E T.B.	ection Time(s): D.				ion Location		
12a. Full Name of Petitioner (in International Brotherh	ncluding local name and ood of Teamsters	number): Local 406		12b. Address (st 3315 Easter	reet and number, ci	ty, State and	ZIP code):	
12c. Full name of national or inte International Brotherh	ernational labor organiza ood of Teamsters	tion of which Pe Local 406	titioner is an a	ffiliate or constitu	ent (if none, so state	);		
12d. Tel. No.	12e, Cell No.		12f. Fax No	0.	12g. E-Ma	il Address		
13. Representative of the Petii 13a. Name and Title: Thomas Sidebotham-Bus		service of all pa	13b. Addre	ss (street and nu	esentation procee mber, city, State an E. Grand Rapid	ZIP code):	8	
13c. Tel. No. 616-452-1551	13d, Cell No. 616-204-641	Tarifford Land	13e. Fax N 616-452	2-6364		eamsters	406.org	
I declare that I have read the a Name (Print)	bove petition and that		are true to th	e best of my kn	owledge and belief			Date
Thomas Sidebotham		Signature	11		Business A	Agent		02/12/20

#### RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
07-RC-256592	2-18-2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 215 North Ave. Henry Ford Macomb Hospital - Mt Clemens Mt Clemens 48043-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 15855 Nineteen Mile Rd. MI Clinton Township 48038-Dan Kilbourne 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (586) 263-2803 dkilbou1@hfhs org (586) 263-2720 (810) 488-1777 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Behavioral Health Mount Clemens, MI 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): Thursday March 5th 2020 and Friday March 6th 11c. Election Time(s): 11d. Election Location(s): 6:00am -8:30am and 2:00pm - 4:30pm both days Henry Ford Macomb - Mt Clemens 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Jimmy Alan Marsh Jimmy A. Marsh Vice President UAW Local 9699 6038 E. Marlette Rd 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
United Automobile, Aerospace and Agricultural Workers of America (UAW) 12g. E-Mail Address jimmymarshuawlocal9699@gmail.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (810) 252-6754 (989) 635-5577 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Vice President UAW Local 9699 Mr. Jimmy Alan Marsh Jimmy Alan Marsh 02/18/2020 12:47:12

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
07-RC-256592	2-18-2020

### Employees Included

All Full Time, Part Time and Contingent Registered Nurse, Licensed Practical Nurses, Mental Health Technicians and Health Unit Clerks

### **Employees Excluded**

Occupational Therapist, Activity Therapist, Social Workers, Utilization Review, Discharge Planners, Managers, Supervisors, Security Guards as defined in the Act.

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Cese No. 07-RC-257046	Feb 25, 2020				

employer concerned is local the employer and all other po	ed. The petition must be accom arties named in the petition of:	, which and a submit an original panied by both a showing of interection; (2) Statement of Post should only be filed with the NLR	st (see 6b below) a sition form (Form A	nd a certificate of service at (LRB-505); and (3) Descripti	nowing service on on of Representation
bargaining by Petitioner and	Petitioner desires to be certified a	PRESENTATIVE - A substantial num as representative of the employees. The under its proper authority pursuant	ne Petitioner allege	s that the following circums	tances exist and
2s. Name of Employer:		2b. Address(es) of Establishment(s)	involved (Street and	number, City, State, ZIP cod	9):
•					
PACE Souther	ast Michigan	3b. Address (if same as 2b - state sa		rd 300thRell	m1 48033
0	II O	SD. Audiess (il same es 20 - state se			
Raymond Pope	HK	T	Same		
248-556-4324	1 a48. 320-6		3f. E-Mail		
4a. Type of Establishment (Factor)		4b. Principal Product or Ser		5a. City and State where u	A
Healthcase +	acility	Preventive H	ealthcase		chiqan
5b. Description of Unit Involve Included: AN CNA		ietary employee's		6a. Number of Employees	n Unit:
	^^ -			112	
Excluded: Ann & All	office personnel	, Supervisors, Dispat	eners, Guar	6b. Do a substantial number of the employees in the	r (30% or more) unit wish to be
KN'S 8	LPN'S .		7116 55	represented by the Petit	loner? Yes No
on or about (Da	recognition as Bargaining Repre	sentative was made on (Date) Q = o reply received, so state).	24-10 B	nd Employer declined recogniti	on
☐ 7b. Petitioner is	currently recognized as Bargaini	ng Representative and desires certific	ation under the Act.		
8a. Name of Recognized or Cer	tified Bargaining Agent (If none	, so stele) 8b. Address:			
Sc. Tel. No.	8d, Cell No.	8e. Fax No.	8f. E-Mail A	Address	
3g. Affiliation, if any:		8h. Date of Recognition or Certi		on Date of Current or Most htract, if any (Month, Day, Yes	7
) to there new a stalle as alskatin	a at the Employee's establishmen	Was and	anulmatah, haur mar	ny employees are participating	2
9. Is there now a strike or picketin	g at the Employer's easiting milen	ile) involved i DO			
(Name of Labor Organization)				the Employer since (Month, I	
		ned in items 8 and 9, which have clain byses in the unit described in item 5b			nizecons end
10a. Name	10b. Address		10c, Tel, No	o. 10d, Cell No.	
iva. Hailie	IVD. Address		100, 141, NO	J. 100. Cell 140.	
			10e, Fax No	10f. E-Mali Addr	868
			100.7 4.7		
11. Election Details: If the NLRB	conducts and election in this mat	ter, state your position with respect to	any such election:	11a. Election Type:	
				Manual Mail	Mixed Manual/Mail
1b. Election Date(s):	11c. Election Time	e(s):	11d. Electio	n Location(s):	
3-20-20	Sam -	7 aun	In a	Secluded are	ea
2a. Full Name of Petitioner (inc	luding local name and number):	12b. Address (stre	et end number, city,	State and ZIP code):	
		1 0 2 2 2		2.4	4. 3.
learnsters loca	337	2801 1	umbull a	ve Det mi 48	216
		h Petitioner is an affiliate or constituer	il (if none, so state):		
International		Leanvilles (IBT)		41	
2d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mell		25
313-828-4330	Same	313-965-0570	Dave	2 teamsters local 3	31. Com
3a. Name and Title:	ner who will accept service of a	13b. Address (street and num			
Dave Hughes -	Organizer	San			
3c. Tel. No.	13d. Cell No.	13e, Fax No.	13f. E-Mail A	Address	
Same	Same	Same		KME	
		ents are true to the best of my know			
ame (Print)	Signature	1	Title	V. Clare	Date
Davied Hughes	11	-11	Organi	res	2-35-30

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 07-RC-257047 Feb 25, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.hirty.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuent to Section 9 of the National Labor Relations Act. 2a, Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Southeast W 10 mile 3b. Address (if same as 2b - state same Kaymond 3e. Fax No. 3f. E-Mail Address 248.320-6279 4b. Principal Product or Service 5a. City and State where unit is located: Description of Unit Involved: Southfield Preventive Healthante Michigan and Transportation employees Any & All office personnel, Supervisors, Dispatchers, Guard 66. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 0-24-20 a on or about (Date) 2-24-20 (If no reply received, so state).

17b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d, Cell No. 8f. E-Mail Address Be. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d Cell No. 10e. Fax No. 10f, E-Mail Address 11. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mall 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3-20-20 5am - 7 aum Secluded In a 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 2801 Trumbull are Det mi ational labor organization of which Petitioner is an affiliate or constituent (if none, so state): Teamsles CIBT Internationa 12d. Tel. No. 12g. E-Mail Address 12e. Cell No 313-965-0570 513-828-4330 Same Dave @ teamsters local 337. com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Hughes - Organizer Dave Dame 13c. Tel. No. 13d, Cell No. 13e. Fax No. 13f. E-Mail Address Same Same Same Same I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) 2-25-20 Organizes

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the Information on this form is authorized by the National Lebor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Lebor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, faiture to supply the information may cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No. 7-RC-257057	Date Filed 2/27/2020

employer concerned is loc the employer and all other	Filed using the Agency's websit ated. The petition must be acco parties named in the petition of LRB 4812). The showing of inter	mpanied by to f: (1) the petiti	oth a showing of inte on; (2) Statement of F	rest (see 6b Position form	below) and	id a certifica LRB-505); ai	ite of service showing and (3) Description of F	service on Representation
bargaining by Petitioner a	TION: RC-CERTIFICATION OF R nd Petitioner desires to be certified al Labor Relations Board proces	d as represent	ative of the employees.	The Petition	er alleges	s that the fol	lowing circumstances	collective s exist and
2a. Name of Employer:			s(es) of Establishment					
Aramark Uniform S	ervices	and the same of the same	ommercial Ave,			and the second	,	
3a, Employer Representativ	re - Name and Title:	3b. Addres	s (if same as 2b - state	e same):				
Lonnie Glenn		SAME						
3c. Tel. No.	3d. Cell No.	136	e. Fax No.	13	3f. E-Mail	Address		
269-329-7995	585-857-6552					1441,544		
4a, Type of Establishment (Fa	actory, mine, wholesaler, etc.)	41	. Principal Product or S	Service		5a. City a	nd State where unit is in	ocated:
Uniform and garmer	it service	P	rovide and servi	ice Unifor	ms	Portage,		
5b. Description of Unit Invo Included:						12.71	er of Employees in Unit	
Route Sales Represe	ntatives					11		
Excluded: Managers, Superviso						of the	substantial number (30% employees in the unit we ented by the Petitioner	rish to be
	for recognition as Bargaining Rep			2/26/20	ar		declined recognition	
on or about	(Date) 2/26/20 (Parties of the Courtently recognized as Barga		ived, so state).	diffication unde	or the Act			
	Certified Bargaining Agent (If no		8b. Address:	uncapon unu	of the Act.			
International Brother	rhood of Teamsters Loca	al 406	3315 Eastern A	Ave. S.E.	Grand	Rapids N	⁄II 49508	
8c. Tel. No.	8d. Cell No.	l Re	. Fax No.	13	Bf. E-Mail	Address		
616-452-1551	616-204-6410		16-452-6364		tom@teamsters406.org			
8g. Affiliation, if any:	100000000000		ate of Recognition or C				urrent or Most	
		0.36			Recent Co	ntract, if any	(Month, Day, Year)	
9. Is there now a strike or pick	eting at the Employer's establishment	nent(s) involve	d? No 🗐 If so,	approximate	ly how ma	ny employee	s are participating?	
(Name of Labor Organization			110	Series commission			er since (Month, Day,	Vearl
T. William Co., and the control of	Is other than Petitioner and those	named in item	e 9 and 0 which have	_		all the second	CONTRACTOR OF STATE O	
	a representative interest in any er						es and other organizati	Jilo aliu
10a Name	10b. Address		_	- 1	Oc. Tel. N	lo.	10d. Cell No.	
				1	0e. Fax N	lo.	10f. E-Mail Address	
11. Election Details: If the NI	RB conducts and election in this	matter, state y	our position with respec	ct to any such	election:	11a. Electio	n Type:	-
					-	× Manua	al Mail Mixe	ed Manual/Mail
11b. Election Date(s):	11c. Election 7	Time(s):		1	1d. Election	on Location(	5):	CA PAGE
Any Friday	Approxim	nately 3 p.					al Ave. Portage	MI 49002
	(including local name and number		-5.5 12b. Address	(street and n	umber, city	y, State and	ZIP code):	
General Tec	hood of Teamsters Loca UM SPAS LO GOU U	n # 06	406 3315 Eas	tern Ave.	S.E. G	rand Rap	ids MI, 49508	
	nternational labor organization of v		r is an affiliate or const	tituent (if none	e, so state,	)2		
	hood of Teamsters Loca	al 406				0		
12d. Tel. No.	12e. Cell No.	12	f. Fax No.	1	2g. E-Mai	Address		
	titioner who will accept service	the second secon	THE THE COME DESCRIPTION OF STREET,	CALCULATION CONTRACTOR OF THE PARTY OF THE P	The second second			
13a, Name and Title:		111 2	b. Address (street and					
Thomas Sidebotham-B	usiness Agent	3:	315 Eastern Ave.	S.E. Grand	Rapids	MI 4950	8	
13c. Tel. No.	13d. Cell No.	13	e. Fax No.	11	3f. E-Mail	Address		
616-452-1551	616-204-6410		16-452-6364			eamsters4	106.org	
	above petition and that the state							
Name (Print)	Signatu	ire //	1./	Title		and the second		Date
Thomas Sidebotham	0	1/11	V	Bus	siness A	Agent		2/26/20

HALTY

DO NOT V	VRITE IN THIS SPACE
07-RC-257074	Peb 27, 2020

2 25 2020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 482.03 FAURECIA DAKLAND PARKBIND 3000 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) JUSTIN JENKINS HR MANAGER SAME 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. 205) 650 - 9204 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service FACTORY
5b. Description of Urlit Involved SEATING (AUTOMOTIVE HIGHLAND PARK Included: ALL FUIL TIME PRODUCTION, MAINTENANCE, SHIPPING, CURLITY CONTROL 6a. No. of Employees in Unit: 16 6b. Do a substantial number (30% GAPLEADERS & MATERIALS or more) of the employees in the Excluded: unit wish to be represented by the ALL OFFICE, CLERICAL, TECHNICAL, PARAPROFESSIONALS, WATCHMEN & SUPERVISORS 7a. Request for recognition as Bargaining Representative was made on (Date) 02/25/2020 and Employer declined recognition on or about Check One: NO - REPLY (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8d Cell No. 8f. E-Mail Address 8c. Tel No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No 10f F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: Manual Mail I Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 13000 DAKLAND BLVD HIGHLAND PAR ASAP. MONDEY 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) MURTHUM AVE WARREN MI 48092 U. A. W. LOCAL 7420 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) UNITED AUTOMOBILE, AEROSPALE AND AGRICULTURAL IMPLEMENT WORKERS OF AMERICA 12d. Tel No. 12e. Cell No. 313-926-5000 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 7420 MURTHUM AVE DRGANIZER LOCAL 155 MAYHON WARREN 13d. Cell No. 13e. Fax No. 586-264-6191 13f. E-Mail Address 13c. Tel No. RAZZZ1271 264-5780 313-600-1977 586-I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

DRUANIZER

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 el seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RC PETITION

DO NOT WRITE IN THIS SPACE					
O7-RC-257156	Feb. 28, 2020				

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) I cook Place Indiana Michigan Power 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) po box 60 1 summit Square IN fort wayne 46801-Thomas Dawson 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (260) 408-3544 thdawson@aep com (260) 341-2145 (260) 421-1434 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: electricity Bridgman, MI 5b. Description of Unit Involved 6a. No. of Employees in Unit: 37 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 1500-1800 company premise 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 56436 Strasser Lane 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherthood of electrical workers 12g. E-Mail Address ibew1392@aol.com 12d Tel No 12e. Cell No. 12f. Fax No. (574) 532-1203 (574) 204-2314 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date **Business Manager** Bill Scally 02/27/2020 15:43:13 Bill Scally

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Att	ach	me	⊃nt

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

#### **Employees Included**

All full time and regular part time Performance Technician (SR, TECH and JR), Instrumentation and Control Technician (SR, TECH and JR) and Predictive Engineering Technician (SR, TECH and JR) working at the employers Bridgman facility. To be included into an already existing unit of all full time and regular part time Indiana Michigan Power company DC Cook Nuclear Plant Maintenance department hourly personnel at the companies DC Cook nuclear plant located in Bridgman MI. Including Maintenance Mechanics, Welders, Electrician, HVAC technicians and utility workers.

### **Employees Excluded**

professional employees, managerial employees, , office Clerical employees, guards and supervisors as defined by the act.

FORM	NLRB-502	(RD
	(2-48)	

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

1	DO NOT WRITE IN	THIS SPACE
Case No.	5-255897	Feb 4, 2020

INSTRUCTIONS: Unless & Filed using the Agency's website, www.nirb.gov/, submit an original of this Patifion to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the patition of:(1) the patition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation. Case Procedures (Form NLRB 4812). The showing of interest should only be filled with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Politioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2a. Name of Employer 10 Milo armington 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) origitu Same tephanie 3c. Tel. No. 3d. Fel No. 3e. Cel No. 3f. E-Mall Address 248-592-9130 248-788-8000 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) MIX Production oncrete Keadu 55. City and State where Unit 5a. Description of Unit Involved Redi-Mix Drives, Plant Tech., and is located: ansing Excluded: 7. Do a substantial number (30% of more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargatning representative? Yes No 6: No. of Employees in Unit 8b. Affiliation, Il any 8a. Name of Recognized or Certified Bargelning Agent oca 8d: Tel. No. 8a. Cell No. Bc. Address 517.887-2944 Lensing Mi 48911 8f. Fax No. 8g. E-Mall Address 10, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Date of Recognition or Certification XVO. 11b. If so, approximately how many employees are participating? 1 ta. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Day, Year) 12. Organizations or individuals other those named in Items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5 above. (If hone, so state) 12d. Fax No. 12b. Address 12c. Tel. No. 12e. Cell No. 12f. E-Mail Address Mixed Manuel/Mail 13a. Election Type: Manual Mall. Election Details: If the NLRB conducts an election in this malter, state your position with respect to any such election. 13b. Election Date(s) 13di Election Location(s) 13c. Election Time(s) 12-2-18 Bou loes 20SINO 14. Full Name of Balliland (b) (6), (b) (7)(C) 14c. Fax No. 146. Tel. No. 14a. Address (S (b) (6), (b) (7)(C) 14e. E-Meil Address (b) (6), (b) (7)(C) 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15s. Name 15b.Title 15c. Address (Street and number, city; state, ZIP code) 158, Fax No. 15d. Tel. No. 151. Cell No. 15g. E-Mall Address I declare that I have read the above petition an (b) (6), (b) (7)(C) the best of my knowledge and belief. Oate Filed (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 2.5:20 EBTATEMENTS RISONMENT (U.S. CODE, TITLE 18, SECTION 1001) VISHED BY FINE AND IN

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NERA), 28 U.S.C. § 151 of Seq. The principal use of the information is to assist the National Labor Relations Board (NERA) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NERB will further explain these uses upon request. Disclosure of this information to the NERB is voluntary, however, followed to supply the information may cause the NERB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE				
O7-RD-256867	Date Filed 2-25-2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the

the employer and all other pa	arties named in the petit	ion of:(1) the petition; (2) 5	Statement of Po	sition form	(Form NLRB-505); ar	te of service showing service od (3) Description of Represen the employer or any other pa	tation
PURPOSE OF THIS PETITIO recognized bargaining repress Labor Relations Board proc	entative is no longer their	representative. The Petition	ner alleges that	the followi	ng circumstances exi	assert that the certified or curre st and requests that the Nation	
2a. Name of Employer Alpha Baking company,	Inc.			ent(s) involved (Street and number, city, state, ZIP code) rmington Hills, MI 48335			
3a. Employer Representative - Name and Title Gary Hibbert, Vice President H.R. 3b. Address (If same as 2b - ste 5001 W. Polk St. Chica,					644		
c. Tel. No. 3d. Fax No. 3e. Cell No. 815-735-4900					Address rt@alphabaking.co	om	
4a. Type of Establishment (Factor Bkery	ory, mine, wholesaler, etc.	)		1.7	ipal product or service	-	
5a. Description of Unit Involved Included: Wholesale Route Sales Excluded: Costco delivery routes						5b. City and State where u is located: Farmington Hills, M	
6. No. of Employees in Unit 9		tial number (30% or more) o argaining representative?			no longer wish to be rep	resented by the certified or curre	ently
Ba. Name of Recognized or Cert Teamsters local 337		arguming reprocessionary and	100		8b. Affiliation, if any		
Bc. Address 2801 Trumbull Ave			8d. Tel. No. 313-965-	9833	8e, Cell No.		
Detroit, MI 48216			8f, Fax No.		8g. E-Mail Address		
9. Date of Recognition or Cartific 10/15/2018	ation	10. Expiration D	ate of Current or	Most Rece	nt Contract, if any (Mar	th, Day, Year)	
11a. Is there now a strike or pick	eting at the Employer's e	stablishment(s) involved?	Yes X No	11b. If so	, approximately how m	any employees are participating	?
11c. The Employer has been pic (Insert Address)	keted by or on behalf of	(Insert Name)			since	a labor organ (Month, Day, Year)	ization, of
12. Organizations or Individuals and Individuals known to have	other those named in item	ns 6 and 11c, which have da	imed recognition	as represe	entatives and other orga	nizations	
12a. Name	12b. Address		-	12c. Tel.	No.	12d. Fax No.	
		(==		12e. Cell	No.	12f, E-Mail Address	
13. Election Details: If the NLR matter, state your position wi				13a, Elec	ction Type: Manual	Mail Mixed Manua	I/Mall
13b. Election Date(s) 2/27/2020	13c.	Election Time(s) m-4pm		13d. Election Location(s) 24734 Crestview Ct. Farmington Hills, MI 48335			
14. Full Name of Petitioner (b) (6), (b) (7)(C)							
14a Address (Street and number (b) (6), (b) (7)(C)	er, city, state, ZIP code)			14b. Tel.	No.	14c. Fax No.	7 1
				14d, Cell No. (b) (6), (b) (7)(C)		14e. E-Mail Address	
14f. Affiliation, If any					-		
15. Representative of the Petit	doner who will accept so	ervice of all papers for pur	poses of the rep				-
(b) (6), (b) (7)(C)				15b. Title (b) (6), (b)			
(b) (6), (b) (7)	er, city, state, ZIP code)			15d. Tel		15e. Fax No.	
(C)				15f. Cell (b) (6), (b		15g, E-Mail Address	
I declare that I have read the a	bove peti(b) (6), (b	) (7)(C)	of my k	nawledge	and belief.	Date Filed	
Name (Print) (b) (6), (b) (7)(C)				TITIE	o) (6), (b) (7)(C)	2-21-	

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed	_			
08-RC-257004	2/26/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 140 South Main Street OH Mount Gilead 43338-Morrow County Firefighter's & Squadmen's Association (MCFSA) d/b/a 3a. Employer Representative - Name and Title Address (If same as 2b – state same) 140 South Main Street OH Mount Gilead 43338 Jeffery Sparks 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (419) 946-6747 Chief801@mcems.net (419) 946-7727 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Care & transportation of the sick & injured. Mount Gilead, OH 5b. Description of Unit Involved 6a. No. of Employees in Unit: 9 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 30, 2020 0800hrs 140 South Main Street Mount Gilead, OH 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Kennard Ray Skaggs II
International Association of EMTs & Paramedics (IAEP)/NAGE/SEIU Local R7-059
International Association of twitch Is 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Association of EMTs & Paramedics/NAGE/SEIU 12g. E-Mail Address kskaggs@nage.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (863) 582-9506 (863) 585-3045 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Doug Hall Esq. Associate General Counsel International Association of EMTs & Paramedics (IAEP)/NAGE/SEIU 3510 Main Street CT Bridgeport 06606 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address dhall@nage.org (203) 371-6170 (860) 230-5874 (203) 371-6378 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date National Representative Kennard R. Skaggs II Kennard Ray Skaggs II 02/26/2020 14:22:01

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
08-RC-257004	2/26/2020			

### Employees Included

All full-time dispatchers to be included via "Armor-Globe" election (reference case# 08-RC-185223).

### **Employees Excluded**

all other professional employees, office clerical employees, guards and supervisors as defined in the National Labor Relations Act.

12020-02:06 08:51:50 GMT+14 RECEIVED FEB 0 5 2023 0 9

FORM MLRS-502 (RD) (4-15)

UNITED STATES GOVERNMENT AND ANTIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. 08-RD-255785 Date Filed 2/5/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petilion to an NLRB office in the Region In which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form

(Form NLRB-505); and (3) De with the NLRB and should no				RB 4812). The sh	owing of in	terest should only be filed
PURPOSE OF THIS PETITION:     recognized bargaining represents     Labor Relations Board proceed	RD-DECERTIFICATION tive is no longer their repr	(REMOVAL OF	REPRESENTATIVE) - A se Petitioner alleges that the	following circumsta	nces exist an	erf that the certified or currently id requests that the National
2s. Namo of Employer		2b. Ad	dress(es) of Establishmen	(s) involved (Street er	nd number, cli)	, State, ZIP code)
Heritago-WTI Inc., d/b/a Herita Ja. Employer Representative - Na		1 1250	Saint George St, East 1 3b. Address (If same as		20-34/1	
Christopher Pherson	2 010 1100		SAME AS ABOVE		1	
3c. Tel No.	3d. Cell No.		3e, Fax No.		81. E-Mail Add	ress
(330)385-7337 4a. Type of Establishment (Fectory,	mine uthelessies she ) I	4b. Principal pro	(330)385-7813		T E- 000	and State where unit is located:
Waste Incinerator	none, whilesaler, etc.)	Trash	and of service			verpool, OH
Sh. Description of Unit Involved						6s. No. of Employees in Unit:
Included: All Service Tech located at 1250 Saint George S Excluded: All other employee Operators, outbound and transp	treet, East Liverpool, s, including profession	Ohio 43920 nal and manage	rial, laboratory/quality	control, maintenan	nce, E & I,	46  8b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [ ] No [ ]
the Act.	of for secondition on Dans	-Islam Danis and	this was made as (Date)		Emplayer des	23-10-10-10-10-10-10-10-10-10-10-10-10-10-
Check One: 7a, Reque	of for recognition as Barg	ll no reply receive		and	Employer dec	dined recognition on or about
7b. Politic			epresentative and desires	certification under the	Act.	
8a. Namo of Recognized or Certifi	ed Bergelning Agent		8b, Address			OLI CHIM
International Chemical Worker 8c. Tel No.	8 Union Council, Loc	al 767-C	1655 West N	Market Street, 6th F	Bt. E-Mail Add	
(330)926-1444	60,C44 NO.		(330)926-0816		Dr. C-IVIAN MOD	1035
8g. Affiliation, if any			6h. Date of Recognition or Certification  December 2, 2015  8l. Expiration Date of Current or Most Contract, If any (Month, Day, Year)  May 1, 2017 - May 1, 2020			y (Month, Day, Year)
9, is there now a strike or picketing in (Name of labor organization)	at the Employer's establis	The real of the second second second	7 No If so, appreted the Employer since (A	forth Day, Year		
10. Organizations or Individuals other		ms 8 and 9, which	have claimed recognition	as representatives an	d other organiz	zallons and individuals known to
have a representative interest in any	employees in the unit de	scribed in item bo	above. (il nono, so state)			
10a, Name	10b. Add	fress		10c, Tel. No.		10d Cell No.
•				10e, Fax No.		10f. E-Mail Address
11. Election Details: If the NLAB c any such election. 1 ib. Election Date(s): ASAP	11c.Eh	s matter, state you action Time(s): p.m. — S:30 p.r		11s. Election Type: 11d. Election Locali The I <sup>st</sup> Floor Co	ion(s):	
12s, Full Name of Petitioner (b)(6), (b)(7)(c)	3.30	2.29 p.;			and number.	city, state, and ZIP code)
12c. Full name of national or Interna	tional labor organization o	of which Petitioner	is an affiliate or constituen	u (il none, so state)	^ /	
12d. Tel No.	(b) (6), (b) (7)	(C)	12!, Fax No.		120, E-Mall A (b) (6), (	dd(ress b) (7)(C)
13. Representative of the Petition	or who will accept sorvi	ce of all papers f				
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C	d number, city, state, i		
SAME AS ABOVE	(b) (6), (b) (7)(	(C)	13e. Fax No.		191. E-Mall Ad (b) (6), (b	
I doctare that I have read the above	re polition and that the s	datements are tr	us to the best of my know	wiedge and bellof.		
Name (Print) (b) (6), (b) (7)(C)	Sig(b) (6), (b) (7)(	(C)	Individual/Petitione	at	Date 2	5-2020

WILLPUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Soficitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings of higgsion. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Oec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decime to invoke its processes.

PORM NLRD-502 (RD) (4-15)

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS BPACE

	RD PETITI	ON	108	3-RD-255913	1	2-6-2020
INSTRUCTIONS: Unless 6	-Filed using the Agen	ncy's website	www.nlrb.gov, submit a	n original of this	Petition to a	n NLRB office in the Region
in which the employer co	ncerned is located. T	he petition m	ust be accompanied by i	both a showing of	interest (se	e 6b below) and a certificate
of service showing service	e on the employer an	d all other pa	rties named in the petition	on of: (1) the petiti	on: (2) Stat	ment of Position form
(Form NLRB-505); and (3)	Description of Repre	sentation Ca	se Procedures (Form NL	RB 4812). The shi	owing of int	erest should only be filed
with the NLRB and should	d not be served on the	e employer of	any other party.	Carrier No. 10	722	
Labor Relations Board prot	autative is no longer their o	CODICE ANIBUVE.	OF REPRESENTATIVE) - A se The Petitioner alloges that the to Section 2 of the National	following circumsta	nployees assi nces exist an	in that the certified or currently direquests that the National
2s. Name of Employer		2	. Address(es) of Establishmen	(s) involved (Street en		. State, ZIP code)
Heritage-WTI Inc., d/b/a He	entage Thermal Service	es 12	250 Saint George St, East 1	Liverpool, OH 4392	0-3471	
Christopher Pherson	- Watte did time		SAME AS ABOVE	20 - Ela(# 89me)		
3c. Tel. No.	3d. Cell No.		Je. Fax No.	-	31. E-Mail Add	TRES
(330)385-7337		-	(330)385-7813			
4s. Type of Establishment (Factor Waste Incinerator	ory, mine, wholestier, alc.)	Trash	product or service			and State where unit is located: vergool, OH
6b. Description of Unit Involve	d	J Tresti			DEST LI	8a. No. of Employees in Unit:
Included: All Service Ter	h I. Service Tech II.	Receiving an	d Filed Service employe	es at the Employe	's facility	46
located at 1250 Saint Georg Excluded: All other emplo Operators, outbound and tra the Act.	e Street, East Liverpoo yees, including profess	ol, Ohio 43920 tional and man	nagorial, laboratory/quality	control, maintenan	to, E & I,	6b. Do a substantial number (50% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [ ] No [ ]
	quest for reacgnition as Ba	ergaining Repres	entative was made on (Date)	and	Employer dec	lined recognition on or about
	(Onto)	(If no reply rec	elved, so stelej.			
			ng Representative and dealres	certification under the	Not.	
8a. Name of Recognized or Ca International Chemical Wor	kers I loion Council I	2-130 leno	8b, Address	Market Street, 6th P	loor Akron	OH 44413
Bo. Tel No.	8d,Cell No.	000, 107-13	Sm. Fax No.		Br. E-Mail Add	
(330)926-1444	100000000000000000000000000000000000000		7330\034 ARIZ			
Bg. Affiliation, if any			(330)926-0816			
			8h. Date of Recognition of December 2, 2015	Certification	Contract, if an	Date of Current or Most Recent y (Month, Day, Year) 17 - May 1, 2020
	ing at the Employer's ealed	olishment(a) invo	8h. Date of Recognition of December 2, 2015	Certification	May 1, 20	y (Month, Day, Year) 17 - May 1, 2020
8g. Affiliation, if any  8. Is there now a strike or picketh (Name of labor organization)		hea	8h. Date of Recognition of December 2, 2015	oximately how many e	May 1, 20 mployees are	y (Month, Dey, Yeer) 7 - May 1, 2020 participating?
8g. Affiliation, if any  8. Is there now a strike or picket	other than those named in	Items 6 and 9, w	8h. Date of Recognition of December 2, 2015  Ived? No If so, approprieted the Employer since (March have delimed recognition)	oximately how many e fonth, Dey, Year)	May 1, 20 mployees are	y (Month, Dey, Yeer) 7 - May 1, 2020 participating?
8g. Affiliation, if any  8. Is there now a strike or picketh (Name of labor organization)  10. Organizations or individuals	other than those named in any employees in the unit	Items 6 and 9, w	8h. Date of Recognition of December 2, 2015  Ived? No If so, approprieted the Employer since (March have delimed recognition)	oximately how many e fonth, Dey, Year)	May 1, 20 mployees are	y (Month, Dey, Yeer) 7 - May 1, 2020 participating?
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8g. Affiliation, if any  8. Is there now a strike or picketi (Name of labor organization)  10, Organizatione or individuals have a representative interest in	other than those named in ony employees in the unit	has items 6 and 9, we described in lien	2h. Date of Recognition of December 2, 2015  Ived? No If so, approprieted the Employer since (Minch have delimed recognition in 6b above. (If nane, so state)	oximately how many elonth, Day, Year) as representatives and 10c. Tel. No. 10e. Fax No.	Contract, if an May 1, 20 mployees are to their organis	(Month, Day, Year) 7 - May 1, 2020 participating?  Stone and Individuals known to  100. Cell No.  101. E-Meil Address
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8g. Affiliation, if any  8. is there now a strike or picketi (Name of labor organization)  10. Organizations or individuals in have a representative interest in  10a. Name  11. Efection Details: If the NLR any such election  11h. Election Data(s):  ASAP	other than those named in any employees in the unit 10b. A	has items 6 and 9, with described in literal address.  Address this matter, state Election Time(s)	Eh. Date of Recognition of December 2, 2015  Ived? No If so, appropriate the Employer since (Market have delimed recognition in 6b above. (If nane, so state)  I your position with respect to	oximately how many election to the life Floor Court The Inc.	Contract, if an May 1, 20 mployees are to their organisms.  X Manual anter contract to the con	y (Month, Day, Year) 7 - May 1, 2020 participating?  Stons and Individuals known to  10d. Cell No.  10f. E-Mell Address  Mell Mixed Manus/Mell
8g. Affiliation, if any  8. is there now a strike or pickett (Name of labor organization) 10. Organizations or individuals in have a representative interest in 10a. Name  11. Efection Details: If the NLR any such election.	other than those named in any employees in the unit 10b. A	has items 6 and 9, with described in literal address.  Address this matter, state Election Time(s)	26. Date of Recognition of December 2, 2015  Ived? No If so, approprieted the Employer since (Market have claimed recognition in 6b above. (If name, so stete)  Eyour position with respect to	oximately how many elonth, Day, Year)  so representatives and  10c. Yel. No.  10e. Fax No.  11e. Election Type:  11d. Election Locate The 1 <sup>th</sup> Floor Co.  12b. Address (election)	May 1, 20 mployees are l other organis  X Manual antes:	(Month, Dey, Yeer) 7 - May 1, 2020 participating?  Stions and Individuals known to  10d. Cell No.  10f. E-Mail Address  Mell Mixed Manusl/Mail
8g. Affiliation, if any  8. is there now a strike or picketi (Name of labor organization)  10. Organizations or individuals in have a representative interest in  10a. Name  11. Efection Details: If the NLR any such election  11h. Election Data(s):  ASAP	other than those named in eny employees in the unit 10b. A 10b. A 11c. 3:3	has items 6 and 9, we described in item address this matter, state Election Time(s) 0 p.m. — 5:30	2h. Date of Recognition of December 2, 2015  Ived? No If so, appreprioted the Employer since (Nothing the Employer	as representatives and 10c. Tel. No. 10e. Fax No. 11e. Election Type: 11d. Stection Location The 1st Floor Co. 12b. Address (street) (b) (6), (b)	May 1, 20 mployees are l other organis  X Manual antes:	y (Month, Day, Year) 7 - May 1, 2020 participating?  Stons and Individuals known to  10d. Cell No.  10f. E-Mell Address  Mell Mixed Manus/Mell
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8g. Affiliation, if any  8. is there now a strike or pickett (Name of labor organization)  10. Organizations or individuals in have a representative interest in title. Name  11. Efection Details: If the NLR any such election.  11. Election Details: If the NLR any such election.  11. Election Details: If the NLR any such election.  11. Election Details: If the NLR any such election.  12. Full Name of Patitioner (b) (b) (c) (c) (d)	other than those named in eny employees in the unit 10b. A 10b. A 10b. A 15c. A	has items 6 and 9, we described in item address this matter, state Election Time(s) 0 p.m. — 5:30 on of which Petitio (7)(C)	Eh. Date of Recognition of December 2, 2015  Ived? No If so, appropriate the Employer since (Market th	oximately how many election. Day, Year)  to representatives and  10c. Tel. No.  10e. Fax No.  11e. Election Type:  11d. Election Localit The 1st Floor Co.  12b. Address (election)  (b) (6), (b)	May 1, 20 mplayees are to their organisms.  X Manual an(s):  are remove Ro and number.	(Month, Dey, Yeer) 7 - May 1, 2020 participating?  Stions and Individuals known to  10d. Cell No.  10f. E-Meil Address  Meil Mixed Manus/Mall  Din City, state, and ZIP code)
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PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 28 U.S.C. § 151 et seq. The principal use of the information is to seels the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses lightly information to the NLRB is voluntary; however, future to supply the information will cause the NLRB to decline to invoke its processes:

(b) (6), (b) (7)(C)

FEB 0 8 2020

NI TO REGION &

DO NO	T WRITE IN THIS SPACE
Case No.	Date Filed
08-RD-256420	2/18/2020

	RD PET	ITION		08-RD-256420		18/2020
INSTRUCTIONS: Unless e	Filed using th	e Agency's website.	www.nirb.gov, submit	an original of this	Petition to an	NLRB office in the Region
In which the employer con	comed is loca	ted. The petition mus	t be accompanied by	both a showing	of interest (800	66 below) and a certificate
of service showing service	e on the emplo	yer and all other parti	es named in the petit	ion of: (1) the pet	ition; (2) States	ment of Position form
(Form NLRB-505); and (3)	Description of	Representation Case	Procedures (Form Ni	LRB 4812). The s	howing of inte	rest should only be filed
with the NI RR and should	not be server	on the amployer or a	ny other party.			
PURPOSE OF THIS PETITIO recognized pargalling representations     Labor Relations Board proc	N: RD-DECERT	FICATION (REMOVAL OF	REPRESENTATIVE) - A	ne following circums	tances exist and	t that the certified or currently requests that the National
2a, Name of Employer	eed under na pro	2b. A	ddress(es) of Establishme	nt(a) involved (Street	and number, city,	Steta, ZIP code)
ARCHER DANIELS MIDL			8 Miami St, Toledo, Ol			
3s. Employer Representative -	Name and Title		3b. Address (If same )			
Jason Boyer	120		SAME AS ABOVE	3	3f. E-Mail Addr	900
3c. Tel. No. (419)691-7480	30.	419-250-2417	3e, Fax No.		- lason	boyer @ ADM. com
4n. Type of Establishment (Factor	ow mine wholes		roduct or service		Se. City a	nd State where unit is located:
Factory		Load/unload	agricultural material		Toledo,	
6b. Description of Unit Involve	d					8s, No. of Employees in Unit.
Included: All full time and	regular part tin	ac Operator A, Operator	B, Utility and Mainter	nance employees	1	8b. Do a substantial number (30%
Excluded: All managerial edefined in the Act	mployees, prof	essional employees, offi	ice clerical employees,	guards and superv	isors as	or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bergaining representative? Yes [X] No [
Check One: 7a. Re	great for recognit	on as Bargaining Represen	tative was reade on (Date)	3	nd Employer deci	ned recognition on or about
College Inc. 110	dana in inopalii	(Date) (If no reply recely				
7b. Pe	titioner is currently	recognized as Bargaining I		s certification under th	e Act.	
8a. Name of Recognized or Co	nified Bargainin		8b. Address		33 34 17 5 4	
International Longshoreme				67405, Oregon, O		tien the same of t
Bc. Tel No.	8d C	ell No.	8c. Fax No.		At F-Mall Addr	
(419)266-4123 8g. Affiliation, If any			8h, Date of Recognition	or Certification	(b) (6),	(b) (7)(C)
Ť					February 15,	
8. Is there now a strike or picket	ng at the Employe				employees are p	participating?
(Name of labor organization)			keted the Employer since	The second secon		
10. Organizations or Individuals have a representative interest in	other than those r any employees it	armed in items 8 and 9, while the unit described in item 5	ch have claimed recognition in above. (If none, so state	n as representatives : e)	and other organiza	ations and individuals known to
10a. Name		10b. Address		10c. Tal. No.		10d, Cell No.
International Longshoremen	Local 1768	P.O. box 167405, Ore	egon, OH 43616	(419)266-4123		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLR	D conducte on ol	arting in this motter state up	of months with respect to	The state of	W 14	55-N Mind May 194-194-19
any such election.	to conduct an ex	scalar ur uris mader, street ye	odi bosincii witi raspectito	11a. Election Typ	a: Menual	Mall Mixed Manual/Mall
11b. Election Date(s):		11c. Election Time(a)	5	11d. Election Loc	ation(s):	
3/10/2020		6:30 AM to 7:30 Al	M	Breakroom	Tital's contact	W. Ash and What dal
(b) (6), (b) (7)(C)				(b) (6) (b)	(7)(C)	ity state and ZIP code)
12c, Full name or national or inte	mational labor or	ganization of which Petitione	er is an affiliate or constitue	ant (if none, so state)	(. /(=)	
12d, Tel No.	120.	Cell No.	12f. Fax No.		12g. E-Mail Ad	dress
(b) (6), (b) (7)(C)	and the second second	6), (b) (7)(C)			(b) (6), (b	) (7)(C)
13. Kepresemenve of the Petit	loner who will ac	cept service of all papers				
(b) (6), (b) (7)(C)			13b, Address (street a SAME AS ABOVE			15010
13c, Tel No. SAME AS ABOVE		Cell No. ME AS ABOVE	13a. Fax No. SAME AS ABOVE	g.	SAME AS A	A CONTRACTOR OF THE CONTRACTOR
I declare that I have read the a					J SALVIE AS A	DOAR
Name (Print)	C'amatum		Trile		Date	
(b) (6), (b) (7)(C)	(b) (6),	(b) (7)(C)	(b) (6), (b) (7)(0	C)		6-2020
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	15	THIS PENTION CAN BE P	ACY ACT STATEMENT			-0.01.040.010.00

Solicitation of the information on this form is suffronted by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set torth in the Federal Register, 71 Fed. Reg. 74342-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FEB 1 8 2020

OFFICEMAX 1387 7 8 9

PAGE 02/84

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No. 09-RC-255716	Date Filed 2-4-2020			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Leslie County Telephone Co. d/b/a TDS 24014 Hwy 421, Hyden KY 41749 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): James Whitaker 3c, Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 606-672-1333 james.whitaker@tdstelecom.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Telecommunication services Hyden, KY 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attachment Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No See Attachment Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certifled Bargaining Agent (If none, so state) 8b. Address: Bc. Tel. No. 8d, Cell No. 8e, Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification | 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10c. Tel. No. 10d, Cell No. 10e. Fax No. 10f, E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b..Election Date(s): 11c, Election Time(s): 11d. Election Location(s): March 3, 2020 7:00 a.m. - 9:00 a.m. 22076 Main St, Hyden, KY 41749 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Communication Workers of America, AFL-CIO 3516 Covington Highway, Decatur GA 30032 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): None 12d. Tel. No. 12g. E-Mail Address 12e, Cell No, 12f. Fax No. 404-296-5553 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Richard Rouco Attorney 2 -20th Street North, Ste. 930 Birmingham AL 35203 13c. Tel. No. 13d. Cell No. 13e, Fax No. 13f, E-Mail Address 205-918-7430 205-533-2009 205-803-4143 rrouco@gcwdr.com i declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature RICHARD ROYCO ATTORNE

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

#### **ATTACHMENT**

## 8b. Description of Unit:

Included: All Field Service Technicians (FST), FST-Network, FST-Network Specialist, and Assistant Field Servicer.

Excluded: All supervisors, professional employees, confidential employees, temporary employees, leased employees, and guards as defined under the Act.

Case No. 09-RC-256424

Date Filed February 18, 2020

DO NOT WRITE IN THIS SPACE

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

| 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 5133 Maritime Jeffersonville 47130-3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 1200 West 138th st. IL Riverdale 60827-Jason Joslin 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. jason.joslin@airgas.com (708) 849-1200 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Oil & Gas Operations delivery of gas Jeffersonville, IN 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [ ] No [ ] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): march 2, 2020 8am-9am airgas 5133 maritime Jeffersonville, In 47130 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Bryan Trafford General Drivers, Warehousemen & Helpers Local Union 89 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g, E-Mail Address btrafford@teamsters89.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (502) 368-5885 (706) 564-7002 (502) 366-2009 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date

02/14/2020 11:02:25 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Organizer/Assistant to the President

#### PRIVACY ACT STATEMENT

Bryan Trafford

Bryan Trafford

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Case Date Filed

O9-RC-256424

Date Filed
February 18, 2020

Employees Included all fulltime and part time drivers

Employees Excluded supervisors, clerical, plant technicians and all other employees

DO NOT WRITE IN THIS SPACE			
Case No. 09-RC-256883	February 25, 2020		

RC PETITION 09-RC-256883 February 25, 2020 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

(Form NLRB-505); and (3)				RB 4812). The sno	owing of inte	erest snould only be filed	
with the NLRB and should  1. PURPOSE OF THIS PETITION bargaining by Petitioner and Pe	: RC-CERTIFICATION OF	REPRESENTATI	VE - A substantial number of the employees. The F	etitioner alleges that	t the following	circumstances exist and	
requests that the National La	bor Relations Board proc	eed under its pro	per authority pursuant to dress(es) of Establishment	Section 9 of the Nati	ional Labor Re	elations Act.	
2a. Name of Employer		40	04 29th St W	(s) illvolved (Street arr	id Humber, City,	, diate, En bodo)	
Appalachian Power Company  3a. Employer Representative –	V Charleston 25387- 3b. Address (If same as	2b - state same)	· · · · · · ·				
	Ivanie and The		500 Lee St East WV Charleston 253				
Jaime Beckelhimer  3c. Tel. No.	3d. Cell No.		3e. Fax No.	301-	3f. E-Mail Add	ress	
(304) 348-4163	(304) 552-7517		(304) 348-4159	1	jbeckelhimer@a	ep.com	
4a. Type of Establishment (Factor	ry, mine, wholesaler, etc.)	4b. Principal pro		service.	5a. City	and State where unit is located: Charleston, WV	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
The state of the s	2 for additional details					7	
Excluded: See Attached Page	2 for additional details					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [ ] No [ ]	
	itioner is currently recognize	(If no reply receive ed as Bargaining R f none, so state).	d, so state). epresentative and desires of the state of t	certification under the		lined recognition on or about	
8c. Tel No.	8d Cell No.	ELECTRICAL WO	8e. Fax No.	Lanes 25356	8f. E-Mail Add	ress	
bc. rerno.	(304) 542-3723				lu978ibew@sol.com		
8g. Affiliation, if any INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-			8h. Date of Recognition or	Certification	tion 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 03/31/2021		
Is there now a strike or picketing at the Employer's establishment(s) involved?			2 No If so sonroy	imately how many em	nlovees are na		
9. Is there now a strike or picketing (Name of labor organization)			keted the Employer since (//		pioyees are pa		
10. Organizations or individuals of known to have a representative in	other than Petitioner and tho interest in any employees in	se named in items the unit described	8 and 9, which have claime in item 5b above. (If none,	ed recognition as represso state)	esentatives an	d other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
	į			10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLR any such election.	B conducts an election in th	is matter, state you	ur position with respect to	11a. Election Type:	Manual [	Mail Mixed Manual/Mail	
11b. Election Date(s): 03/18/2020		lection Time(s): M to 7:30 AM		11d. Election Location(s): Appalachian Power 404 29th St W Charleston, WV 25387 at an appro			
12a. Full Name of Petitioner (In DALE MCCRAY LOCAL UNION 978, INTERNATIONAL	cluding local name and n	umber) CAL WORKERS AFI	-CIO	12b. Address (street and number, city, state, and ZIP code) 25049 VETERANS MEM HWY WY TERRA ALT A 26764-			
12c. Full name of national or inte International Brotherhood of Elect	mational labor organization	of which Petitione	r is an affiliate or constituen	t (if none, so state)			
12d. Tel No. (304) 841-2140	12e. Cell No. (304) 841-2140	Cell No. 12f. Fax No.		12g. E-Mail Address dale_mccray@ibew		ddress Dibew.org	
13. Representative of the Petiti			or purposes of the repres	entation proceeding	J.	- 3/2 - 3/2	
13a. Name and Title			13b. Address (street and	d number, city, state, a	and ZIP code)		
13c. Tel No.	13d. Cell No.		13e. Fax No.	13f. E-Mail Address		dress	
I declare that I have read the a	bove petition and that the	statements are tr	ue to the best of my know	vledge and belief.			
Name (Print)	Signature		Title		Date		
DALE MCCRAY Dale McCray		Lead Organizer 02/25/2020 09:19:38		0 09:19:38			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
09-RC-256883	February 25, 2020

Employees Included

All Distribution Customer Design Technicians who work at the Appalachian Power Charleston Unit location at 404 29th St W Charleston, WV 25387.

**Employees Excluded** 

All other employees, confidential employees, guards, and supervisors as defined in the Act.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
09-RC-257061	2-27-2020			

	2.72				05 110 25	7001		2-27	-2020
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48)	he petition must be named in the pet	e accompanie ition of: (1) the	d by both a st petition; (2) S	nowing of interest (se Statement of Position	e 6b below) and form (Form NL	d a certificat RB-505); and	e of service s d (3) Descrip	egion in wh showing se tion of Rep	nich the ervice on resentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Laboratory	oner desires to be	certified as repr	esentative of t	he employees. The Pe	titioner alleges	that the follo	owing circum	istances ex	
2a. Name of Employer:		2b. A	Address(es) of	Establishment(s) invol-	ved (Street and	number, City,	State, ZIP co	de):	
Seemless Printing				eet, Cincinnati,				*	
Seemiess i mining		/ 1	, Emil Str	oct, Cincinnati,	Omo 13203	2			
3a. Employer Representative - Nan	ne and Title:	3b. A	Address (if san	ne as 2b - state same):					
Alicia Wilhelmy Presiden	it	Sar	me						
3c. Tel. No.	3d. Cell No.		3e. Fax N	0.	3f. E-Mail	Address			
513-871-2366	513-470-494	12			alicia@	seemless	printing.co	om	
4a. Type of Establishment (Factory,			4b. Princip	al Product or Service			d State where		ted:
Paper printing company	mile, mileseases, e	,	100 to 10	orinting compan	V	Cincinna			
5b. Description of Unit Involved:			1 aper p	ormanig compan	У		r of Employee	s in Unit:	
Included:			2 50			4			
All workers involed in the	e designing ar	nd printing	of work			7	100		
Excluded:							bstantial num		
Owners of the company						represe	nted by the P	etitioner?	Yes No
Check One: X 7a. Request for rec					27/20 an		leclined recog		
on or about (Date)  7b. Petitioner is cu	2/27/20		y received, so		n under the Act				
8a. Name of Recognized or Certific				ddress:	if dider the Act.				
Communications Worker				0 Montana Ave,	, Cincinnati	, Ohio 45	211		
8c. Tel. No.	8d. Cell No.		8e. Fax N	0.	8f. E-Mail	Address	=3800	***	
513-681-4400	513-484-421	12	513-68	1-8976	preside	president@cwa4400.org			
8g. Affiliation, if any:		8h. Date of Recognition or Certification					rrent or Most		
Communications Workers	s of America		2/27/20		Recent Co	ntract, if any	Month, Day, \	Year) NOI	ne
9. Is there now a strike or picketing a	t the Employer's es	tablishment(s) i	nvolved? No	If so, approx	imately how ma	ny employees	are participa	ting?	
(Name of Labor Organization)					, has pickete	d the Employe	er since (Mont	h, Day, Yea	ar)
Organizations or individuals othe individuals known to have a representation.	r than Petitioner an esentative interest i	d those named n any employee	in items 8 and is in the unit de	9, which have claimed escribed in item 5b abo	recognition as a	representative state)	es and other o	rganizations	s and
10a. Name	10b. A	ddress			10c. Tel. N	lo.	10d. Cell No.		
					10- F N		10f. E-Mail A	ddraea	_
					10e. Fax N			Quiess	
11. Election Details: If the NLRB co	nducts and election	in this matter,	state your posi	tion with respect to any	y such election:	and a second			
					163 77 43	X Manua	- 1 <b>-</b> 1000000000000000000000000000000000000	Mixed	Manual/Mail
11b. Election Date(s):	11c. E	lection Time(s):				on Location(s		922 OF	
3/13/20		9AM				1-	FACILI	7	
12a. Full Name of Petitioner (include				12b. Address (street					
Communications Worker				2300 Montana			iio 45211	a tana and	
12c. Full name of national or internat		ation of which P	etitioner is an	affiliate or constituent (	if none, so state	):			
Communications Worker	s of America								
12d. Tel. No.	12e. Cell No.		12f. Fax N	lo.	12g. E-Ma	il Address			
13. Representative of the Petitione	r who will accept	service of all p	apers for pur	poses of the represen	ntation proceed	ling.			-
			13b. Addr	ess (street and numbe	r, city, State and	ZIP code):			
Jason Ballman, President			2300 M	Iontana Ave, Cinc	cinnati, Ohio	45211			
13c. Tel. No.	13d. Cell No.	-0.	13e. Fax I	No.	13f. E-Mai		100.000s4		
513-681-4400	513-484-42			31-8976	president@cwa4400.org				
I declare that I have read the abov	e petition and that	the statement	s are true to t	be best of my knowle				-	181 92
Name (Print)		Signature	1/18		Title	OW	20		Date
Jason Ballman	-	14/0	nce		President	CWA 440	JU		2/27/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No.

09-RD-255643

DO NOT WRITE IN THIS SPACE

Date Filed 2-3-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Potition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

D.C. CHARLES AND MAN AND AND ADDRESS OF THE PARTY OF THE		A STATE OF THE PARTY OF THE PAR	A SECTION OF THE PROPERTY OF T
intative. The Petitioner a	lleges that the follow	ing circumstances	ees assert that the certified or currently exist and requests that the National
1000 Br	cadway	Street and number	er, city, state, ZIP code) 0H 452-02
1			
3e, Cell No.	d	eborah.	davis@hrccincin
sino	4b. Princ	ipal product or servi	Entertainment
MT's Hos	Pitality	Hosts	5b. City and State where unit is located:
			OHID
ber (30% or more) of the	employees in the unit	no longer wish to be	represented by the certified or currently
	s No	8b, Affiliation, if a	ny
Fire (SI	PFPA)		
8	3d. Tel. No.	8e. Cell No.	
8	8f. Fax No.	8g, E-Mail Addres	on Cofon ora
10 Euripotian Data	f Current or Most Rece	nt Contract, if any	Month, Day, Vean
nent(s) involved? Yes	s No 11b. If so	, approximately how	many employees are participating?
	-		a labor organization, once (Month, Day, Year)
11c, which have claimed	recognition as represe		The second secon
employees in the unit des	scribed in item 5 above	(If none, so state)	12d. Fax No.
Ile Road			
MI 480	066 931		12f. E-Mail Address 7-469-0809
		tion Type: Manu	
			Conference Room
		(	o- nisci chi ci sovi
	(b) (6)	(b) (7)(C)	14c. Fax No.
	(b) (6)	(b) (7)(C)	(b) (6), (b) (7)(C)
-			
all papers for purposes		n proceeding.	
	15b Title		
	102.17.10		
	15d. Tel.	No.	15e. Fax No.
			15e. Fax No. 15g. E-Mail Address
7)(C)	15d. Tel.	No.	
	EMOVAL OF REPRESEINATIVE. The Petitioner appursuant to Section 9 of 2b. Address(es) of E. 1000 Br.  3b. Address (If same 3e. Cell No. Sino Brecto Ber (30% or more) of the grepresentative? The Section Date 10. Expiration Date 110. Expiration Date 110. Expiration Date 1110. Which have claimed employees in the unit detect of the section	EMOVAL OF REPRESENTATIVE) - A substant sentative. The Petitioner alleges that the follow pursuant to Section 9 of the National Labor 1  2b. Address(es) of Establishment(s) involve 1000 Bradway  3b. Address (If same as 2b - state same)  3e. Cell No.  3f. E-Ma  4b. Princ  SINO  MT'S, Hospitality	3b. Address (If same as 2b - state same)  3e. Cell No.  3f. E-Mail Address  deborah.  4b. Principal product or servi  SINO  MT'S, Hospitality Hasts  ber (30% or more) of the employees in the unit no longer wish to be grepresentative? Yes \( \text{No.} \)  8b. Affiliation, if a  Fire (SPFPA)  8c. Cell No.  8f. Fax No.  8g. E-Mail Address  10. Expiration Date of Current or Most Recent Contract, if any file  11c, which have claimed recognition as representatives and other or employees in the unit described in item 5 above. (If none, so state)  11c, which have claimed recognition as representatives and other or employees in the unit described in item 5 above. (If none, so state)  11c, which have claimed recognition as representatives and other or employees in the unit described in item 5 above. (If none, so state)  12c. Tel. No.  937-298-6106  12e. Cell No.  937-298-6106  12e. Cell No.  937-298-6106  13a. Election Type: \( \text{Manu.} \)  13d. Election Location(s)

RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No. 10-RC-256093	Date Filed 02/11/2020		
10-RC-230093	02/11/2020		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3555 Cleburne Rd TN Spring Hill 37174 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3555 Cleburne Rd TN Spring Hill 37174 Alejandra Sandoval 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (734) 292-5801 Alejandra.Sandoval@faurecia.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Auto & Truck Parts **Auto Door Panels** Spring Hill, TN 5b. Description of Unit Involved 6a. No. of Employees in Unit: 150 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🔽 Manual 🦳 Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3/3/2020 5am-7:30pm; 1pm-3:30pm; 9pm-11:30pm Break Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 10 Darrma Court KY Cold Spring 41076 12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)
United Automobile, Aerospace and Agricultural Implement Workers of America, UAW 12g. E-Mail Address darthur@uaw.net 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e. Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Dale Arthur Organizer 02/11/2020 10:08:37 Dale Arthur

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
10-RC-256093	02/11/2020		

### Employees Included

All full time and regular part time production and maintenance employees.

## **Employees Excluded**

All other employees including contract temporary employees, office employees, clerical employees, professional and managerial employees, guards and supervisors as defined by the act.

#### RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
10-RC-256885	February 25, 2020	

in which the employer of of service showing serv (Form NLRB-505); and with the NLRB and sho	concerned is located. The	e petition must all other partie entation Case I employer or an	t be accompanied by es named in the petition Procedures (Form NL by other party.	both a showing of on of: (1) the petiti RB 4812). The sh	interest (see on; (2) State owing of inte	erest should only be filed	
bargaining by Petitioner ar	nd Petitioner desires to be certif	ied as representa i	ve of the employees. The	Petitioner alleges tha	t the following	circumstances exist and	
2a. Name of Employer	al Labor Relations Board proc		per authority pursuant to dress(es) of Establishmen				
Appalachian Power Company		2	255 Prospect Dr	it(5) involved (oliveet di	id Hamber, only,	ciate, 211 code)	
3a. Employer Representativ	ve – Name and Title	V	A Christiansburg 24073- 3b. Address (If same a	s 2b – state same)			
Jaime Beckelhimer	a manu ana may		500 Lee St East WV Charleston 25				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess	
(304) 348-4163	(304) 552-7517	7	(304) 348-4159		jbeckelhimer@ae	p com	
•	actory, mine, wholesaler, etc )	4b. Principal pro		I service.	5a. City a	and State where unit is located: Christiansburg, VA	
5b. Description of Unit Invo	lved				-1	6a. No. of Employees in Unit:	
Included: See Attached P	age 2 for additional details					13	
edical a	age 2 for additional details					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No	
7b.	Request for recognition as Barg(Date) Petitioner is curren ly recognize Certified Bargaining Agent (h	(If no reply receive ed as Bargaining R	ed, so state).			ned recognition on or about	
8c. Tel No.	8d Cell No.	Cell No.         8e. Fax No.         8f. E-			8f. E-Mail Addre	E-Mail Address	
8g. Affiliation, if any			8h. Date of Recognition o	8i. Expiration Date of Current or M Contract, if any (Month, Day, Year)			
9. Is there now a strike or pic	keting at the Employer's establish		Carrier Water Company of the Company	kimately how many em	ployees are par	ticipating?	
(Name of labor organization	nn)	, has pick	keted the Employer since (	Month, Day, Year)			
	als other than Petitioner and tho we interest in any employees in				esentatives and	other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
any such election.	ILRB conducts an election in th	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ur position with respect to	11a. Election Type:		Mail Mixed Manual/Mail	
11b. Election Date(s): 03/19/2020	7:00 AI	lection Time(s): M to 7:30 AM		11d. Election Location(s): Appalachian Power at its Christiansburg/Glen Lyn, VA facilities loc			
DALE MCCRAY LOCAL UNION 978, NTERNATION	(including local name and no NAL BROTHERHOOD OF ELECTRI	CAL WORKERS, AFL	-CIO	25049 VETERANS M		ity, state, and ZIP code)	
INTERNATIONAL BROTHER	intemational labor organization HOOD OF ELECTRICAL WORI	of Which Petitioner KERS, AFL-CIO	is an amiliate or constituer	nt (ir none, so state)			
12d. Tel No. (304) 841-2140	12e. Cell No. (304) 841-2140		12f. Fax No.	12g. E-Mail Ac dale_mccray@		il Address ay@ibew.org	
13. Representative of the Po 13a. Name and Title	etitioner who will accept serv	ice of all papers f	or purposes of the repres 13b. Address (street an				
13c. Tel No.	13d. Cell No.		13e. Fax No.	13f. E-Mail Ad		iress	
I declare that I have read th	e above petition and that the	statements are tri	ue to the best of my know	vledge and belief.			
Name (Print)	Signature		Title		Date		
DALE MCCRAY	Dale McCray		Lead Organizer		02/25/2020		
WILLELLEAL	SE STATEMENTS ON THIS PE	TITION CAN BE	DIINIGUED BY EINE AND	IMPRISONMENT /II S	CODE TITLE	19 SECTION 1001)	

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

#### Attachment

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		

#### Employees Included

All full-time and part-time Line Mechanics and Line Servicer employees employed by the Employer at its Christiansburg/Glen Lyn, VA facilities located at 2255 Prospect Dr, Christiansburg, VA 24073 and 167 Houston Ln, Glen Lyn, VA 24093.

### **Employees Excluded**

All other employees, office clerical employees, confidential employees, managers, and all professional employees, guards and supervisors as defined in the Act.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN TH	IIS SPACE		
Case No.	Date Filed		
10-RD-255736	February 4, 2020		

RD PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 700 Norket St Louis
3b. Address (If same as 2b - state same) DILE Employer Representative - Name and Title Samo DIIStouall Tel. No. 3e. Cell No. 3f. E-Mail Address bill. Stosall & Spice Energy, com 314.342.0726 314.1041.912 678-463-6631 Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Provider 5b, City and State where unit Included: Olspatcher, Dispatcher (Clerk. Stockcoper, Stockcoper (Clerk. Dispatcher, Calactor Header): Collector, Collector, Cilerk. Collector, Crewman, Stockoper, Stockcoper, and Central Collector, Collector, Clerk. Collector, Crewman, Stockoper, Stocker, LD. 648 Mislocated: 6005don, 605t Excluded: All employees in classifications presently represented by Local Steph 10.548 auditable, St. Cair, with Association of Stephens of the Punking and Pro fitting making Horizontal, Control of the Punking and Property of the Punking and Property of the Punking of the Employees in Unit of the Employee 8a. Name of Recognized or Certified Bargaining Agent United Steelwarter Local Union # 12030-A U& I 8d Tel No 1413 Thompson Citcle 305-631-035 suite la 8f. Fax No 8g, E-Mail Address Gardondale Al 3507 205/03/0138 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 30 2000 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Tes V No 11b. If so, approximately how many employees are participating? 11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of since (Month, Day, Year) (Insert Address) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a Name 12b. Address 12c. Tel. No. 12d Fax No. 12e. Cell No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this 13a. Election Type: Manual Mail Mail Mixed Manual/Mail matter, state your position with respect to any such election 13b. Election Date(s) 13c. Election Time(s) 13d, Election Location(s) correct date Feb 25, 2000 (6), (b) (7)(C) 14c. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C 14f. Affiliation, if an (b) (6), (b) (7)(C) 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. b) (6), (b) (7)(C) (b) (6), (b) (7)(C) IP code) (b) (6), (b) (7)(C) b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C I declare that I have read the above petition and that the statements are true to the best of my kno Date Filed (b) (6), (b) (7)(C) Feb 32030 (b) (6), (b) (7)(C)

SY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

1

(b) (6), (b) (7)(C)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. Date Filed

10-RD-257071

February 27, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. PURPOSE OF THIS PETITION - RD - DECERTIFICATION (REMOVAL OF REPRESENTATIVE) recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) Altec Vanderbitt INC Employer Representative Geneva Jacs 3c. Tel. No. 3f. E-Mail Address 205-458-1599 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Factory 5a. Description of Unit Involve 5b. City and State where unit Included: is localed: Excluded: 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or corrently 6. No. of Employees in Unit recognized bargaining representative? Yes No 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any 8e. Cell No. 8g. E-Mail Address 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Tyes 11b. If so, approximately how many employees are participating? a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Day, Year) (Insert Address) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

Name 12b. Address 12c, Tel. No. 12d, Fax No. 12e. Cell No. 12f F-Mail Address 13. Election Details: If the NLRB conducts an election in this 13a, Election Type: I Manual ☐ Mail Mixed Manual/Mail matter, state your position with respect to any such election. 13b. Election Date(s) 13c Election Time(s) 13d. Election Location(s) 14. Fu (b) (6), (b) 14b, Tel. No. 14c. Fax No. (b) (6), (b) (7)(C) 14d. Cell No. 14e. E-Mail Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b.Title same 15c. Address (Street and number, city, state, ZIP code) 15d. Tel. No. 15e. Fax No. 15f. Cell No. 15g. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Y FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN	THIS SPACE			
Case No.	Oate Filed			
12-RC-255599	2/3/2020			

			AND THE PARTY			2-KG-2	2223	2/	3/202	.0
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition s named in	must be a	ccompanied b of: (1) the po	y both a sh etition; (2) S	owing of interest (see 6 tatement of Position for	ib below) and rm (Form NLF	a certificat RB-505); an	e of service showing s d (3) Description of Re	service on presentation	,
PURPOSE OF THIS PETITION: bargaining by Petitloner and Petit requests that the National Laboratory	lioner desire	s to be cert	ified as repres	entative of th	ne employees. The Petiti	oner alleges t	that the foll	owing circumstances		
				2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1030 South Highway A!A, Building 989, Patrick AFB, Florida 32925						
				3b. Address (if same as 2b - state same): Same						
3c. Tel. No.	3d. Cell No 321-474			3e. Fax No. 3f. E-Mail A Belinda.B			ddress Burkey@rgnext.com			
4a. Type of Establishment (Factory,	minė, whole	saler, etc.)		1	al Product or Service			and State where unit is located:		
Aerospace Company			-8-1977-10-10-10-10-10-10-10-10-10-10-10-10-10-	Government Service Contractor			Cocoa Beach,Florida			
5b. Description of Unit Involved: Included:							TO THE PERSON NAMED IN	r of Employees in Unit		
The Union is seeking an Armo	ur-Globe I	Election ,	see attachn	nent			11			- 1
Excluded:							6b. Do a substantial number (30% or more)			$\neg$
ALL CLERICAL, SUPERVISO	ORS, MAN	AGEMEN	IT, GUARD	S AND AL	L OTHERS DEFINED	BY THE L		mployees in the unit winted by the Petitioner?		No
Check One: 7a. Request for recon or about (Date)			(If no reply r	eceived, so			Employer of	feclined recognition		
8a. Name of Recognized or Certific					Idress:	nder die Mee				-
None				XXX						-
8c. Tel. No. XXX	8d. Cell No	).	9				8f. E-Mail Address XXX			
				h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing a	at the Emplo	yer's establ	lishment(s) inv	olved? No	If so, approxim	ately how man	y employee	s are participating?		
(Name of Labor Organization)	12211020					, has picketed	the Employ	er since (Month, Day, Y	'ear)	
<ol> <li>Organizations or individuals other individuals known to have a reprint None</li> </ol>								es and other organization	ons and	
10a, Name		10b. Addr	ess		10c. Tel. I		o	10d. Cell No.		
XXX		XXX				10e, Fax No		XXX 10f. E-Mail Address		_
						XXX	J.	XXX		
11. Election Details: If the NLRB conducts and election in this matter, stall request a stipulated election				te your posi	tion with respect to any s	uch election:	11a, Electio	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d Manual/M	ail
11b. Election Date(s):		11c. Elect	ion Time(s):	11d. Electio			on Location(s):			
February 21st 2020	Mid Morning				Cape Canaveral Air Force Station					
12a. Full Name of Petitioner (including local name and number): Shawn P Beal IBEW LU 2088 Business Manager				12b. Address (street and number, city, State and ZIP code): 2395 N Courtenay Pkwy, Ste 103 Merritt Island, Fl 32953						
12c. Full name of national or interna	tional labor	ornanization	n of which Dati	tioner is an						
International Brotherhood of E				13 011 0	aare o. constituent (ii i	, 55 5.510)				
12d. Tel. No. 12e. Cell No.		12f. Fax No.		12g. E-Mail Address				_		
321 459-1400	321-759-0754			321-459-1077		spbeal2088@aol.com				
13. Representative of the Petition	er who will	accept ser	vice of all par	ers for pur	poses of the representa	tion proceed	ing.			
13a, Name and Title: Shawn P Beal IBEW LU 200	88 Busine	ss Mgr		2395 N	ess (street and number, or Courtenay Pkwy, S Island, FI 32953		ZIP code):			
13c. Tel. No.	13d, Cell I	II No.		13e, Fax No.		13f. E-Mail	13f. E-Mail Address			
321 459-1400	321-759-0754			321-459		spbeal20	spbeal2088@aol.com			
I declare that I have read the above	ve petition a			are true to t						_
Name (Print)			gnature	. 5.	5 / T	itle			Date	
Shawn P Real		- 1	1	- I - I	1011	Business M.	anager		851h	76

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

#### ATTACHMENT

The Union is seeking an Armour-Globe Election and wishes to add all full-time and part-time, "System Admin", System Analyst Sr, Principal System Analyst, System Administrator, System Administrator Senior, Senior System Administrator, System Analyst Senior, System Analyst PR employed by the employer at its Cape Canaveral Air Station and Patrick AFB to the existing unit.

These System Admins share a community of interest with the technical and plant clerical employees.

The System Admins' work locations, functions, interactions with technical and plant clerical employees, qualifications, and working conditions.

The Union represents technical and plant employees covered by a collective bargaining agreement with the employer, for the period of September 1, 2018 through August 31, 2021

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 12-RC-255997	Date Filed 2/10/20					

	I.	CFEIIIIC	714			1.	2-KC-	23395	, ,	21	10/20
INSTRUCTIONS: Unless e-File employer concerned is located the employer and all other part Case Procedures (Form NLRB	t. The petition mi ties named in the	ust be accom e petition of: (	panied by (1) the pet	both a st	nowing of interes Statement of Posi	t (see 6b ition form	below) and (Form NL	d a certifica RB-505); a	ate of service sho nd (3) Description	owing s n of Re	ervice on presentation
PURPOSE OF THIS PETITIOI bargaining by Petitioner and P requests that the National La	etitioner desires t	o be certified a	as represe	ntative of t	he employees. Th	e Petition	er alleges	that the fo	llowing circumst	ances	
2a. Name of Employer:			2b. Addi	ress(es) of	Establishment(s)	involved (	Street and I	number, Cit	y, State, ZIP code	):	
Arkema			4800	Hwy 60	EastMulb	erry, F	L 3386	0			
3a. Employer Representative - I	Name and Title:		3b. Addi	ress (if san	ne as 2b - state sa	me):		- 77			
Jason BrannenDirecto	or of Operation	ons	same	-22:		550					
3c. Tel. No.	3d, Cell No.			3e. Fax No		- 1	3f. E-Mail A	7.1		11 - 111	
863-578-1206					5-5389	the second second	JBranne	en(a)Arr	maz.com		
4a. Type of Establishment (Factor	ry, mine, wholesa	ler, etc.)		A SECTION OF THE PARTY OF THE P	al Product or Sen			A CONTRACTOR OF THE PARTY OF TH	nd State where ur	nit is loc	ated:
Chemical Plant				Specia	lity Chemica	l .		Mulber	ry, FL		
5b. Description of Unit Involved	i:					200-0		6a. Numb	er of Employees i	n Unit:	11-32-11-11-11-11-11-11-11-11-11-11-11-11-11
Included: Production, Warehouse,	Pail Side W	Jorkers M	faintan	ance &	Electrical W	orkers		51			
Excluded:	ican side w	OIRCIS, IV	lamich	ance &	Electrical W	OIKCIS.		Sh Do s	substantial numbe	r /200/	or more)
Office & Clerical, Truc	k Drivere I	ah Guard	c and C	mornic	ore se define	d in the	Act	of the	employees in the	unit wis	h to be
Check One: 7a. Request for						d III uit			sented by the Petit declined recognit		× Yes No
on or about (Da				ceived, so		/ K = 000 = 17	an	a Employer	declined recognit	IOI	
☐ 7b. Petitioner is						cation und	er the Act.				
8a. Name of Recognized or Cert	tified Bargaining	Agent (If non	ne, so state	8b. Ad	ddress:					7.00	7711
None						1-4					
8c. Tel. No.	8d. Cell No.			8e. Fax N	0.		8f, E-Mail A	\ddress			11/
li de la companya del companya de la companya de la companya del companya de la companya del la companya de la					¥				- Washington Co.		
8g. Affiliation, if any:			8h	. Date of R	ecognition or Cert				Current or Most (Month, Day, Ye	ar)	
9. Is there now a strike or picketin	g at the Employer	r's establishme	ent(s) invo	lved? No	If so, ap	proximate	ly how mar	ny employe	es are participatin	a?	1,115,7
(Name of Labor Organization)				210					yer since (Month,	_	earl
10. Organizations or individuals of	ther than Detitions	ar and those n	amed in it	ame 8 and	9 which have clai		- 3			100	55/
individuals known to have a re									ves and other orga	arnzauo	ns and
None	M THAT SHE BANK	CHIPS IN WHI				477770244					
10a. Name	110	0b. Address				- I	10c. Tel. No	0.	10d. Cell No.		- Blevi
	1								100.000110.		
							10e, Fax N	0.	10f, E-Mail Add	ress	
11. Election Details: If the NLRB	conducts and ele	ection in this m	atter, state	e your posi	tion with respect to	o any sucl	election:	11a. Electi	on Type:	-10	
100				A A	920	350	~ -	X   Manu	al Mail F	Mixed	d Manual/Mail
11b. Election Date(s): 3	11	1c. Election Ti	me(s):				11d. Election	on Location	(s):	100000	
\$/5/2020 & \$/6/2020		iam-7am		7pm					Building 14		
12a. Full Name of Petitioner (inc					12b. Address (st						
International Chemical UFCW		SECTION AND RESIDENCE OF TAXABLE		ie	P.O. Box 7				Control of the Contro		
12c. Full name of national or inter	national labor oro	anization of w	hich Petitie	nner is an	Affiliate or constitu	ent (if non	a sa statal				
United Food & Comme							c, so state,				
12d. Tel. No.	12e. Cell No.	of the second control		12f, Fax N		222	12g. E-Mail	Address			
863-255-6989	863-255-	6989		863-58	3-3327				CWUC. org		
13. Representative of the Petition	oner who will acc	cept service o	of all pape	rs for pur	poses of the repr	esentatio					
13a. Name and Title:				13b. Addre	ess (street and nu	mber, city	State and	ZIP code):			
Tommy SummerlinInter	rnational Rep			P.O. Bo	x 712Mulbe	rry, FL	33860				
13c. Tel. No.	13d. Cell No.	( )		13e. Fax N	No.	- 1	13f. E-Mail	Address	125000	-	
863-255-6989	863-255-				3-3327				CWUC.org		
I declare that I have read the ab	A CANADA	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	ements ar	Hereit and the second	Control of the Contro	owledge a					
Name (Print)		Signatur		1	11	Title		Sanceson			Date
Tommy Summerlin		1 4011	mun/	LARARA	118.	Int	ernation	al Rep			\$/10/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1007)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
R.C. P.F.T.L.T.O.N

| DO NOT WRITE IN THIS SPACE | Case No. | Date Filed | 12-RC-256207 | 2/12/2020

NO FE	4 - 4 - 5 - 5 - 5 - 5			J-230207		TITLITULU	
INSTRUCTIONS: Unless e-Filed us	ing the Agend	y's website, w	ww.nirb.gov, sub	mit an original of th	is Petition to a	n NLRB office in the Region	
in which the employer concerned	is located. Th	e petition must	t be accompanied	d by both a showing	of interest (se	e 6b below) and a certificate	
of service showing service on the	employer and	all other partie	s named in the p	etition of: (1) the pe	tition; (2) State	ement of Position form	
(Form NLRB-505); and (3) Descrip-				m NLRB 4812). The	showing of int	erest should only be filed	
with the NLRB and should not be a PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of the period of the p	RTIFICATION O	F REPRESENTAT	IVE - A substantial no	The Petitioner alleges	that the followin	g circumstances exist and	
requests that the National Labor Rela	tions Board pro-	ceed under its pro	oper authority pursu	ant to Section 9 of the I	National Labor R	elations Act.	
2a. Name of Employer	0.7534.547			shment(s) involved (Stree			
PETRO TAINO TA	NSPORT	CORP. 0			Las P.	2.006249804	
JELIXSA OF			3b. Address (It sa	ame as 2b – state same)	AME		
3c. Tel, No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress	
787-836-8812				36-3708	JELIXSA.	DEJESUS O PETROTAINO.	
4a. Type of Establishment (Factory, mine,						and State where unit is located:	
GASKINE DISTRIB	UTION	(	GASOLINE		PEA	JUELAS, P.R.	
5b. Description of Unit Involved				in the first of the same		6a. No. of Employees in Unit:	
Included: TRUCK ORIVER	5. MECH	ANICS, 60	WERDL HE	LPER, CLERIC	A45,	2.6	
Excluded: TRUCK ORIVER MAINTENANCE Excluded: GUARDE, PURCH HIR DIRECT	ASE OFFI	CE, C0615716	OFFICER,	AFETY MANAG	bens,	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the	
MA DIRECT	ons, ino	CHENDENI	CONTRAC	TOAS		Petitioner? Yes No No	
	The second secon	A STATE OF THE PARTY OF THE PAR		Date) 2/11/10/0:	and Employer dec	lined recognition on or about	
		(If no reply receive		. The same was a same and	1100		
8a. Name of Recognized or Certified Bar			epresentative and de	esires certification under the	he Act.		
Name of Recognized of Certified Bal		mone, so state).	SU. Addi	255			
8c. Tel No.	8d Cell No.		Se, Fax No.		8f, E-Mail Add	ress	
8g. Affiliation, if any	-		8h. Date of Recogn	ition or Certification	8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9 Is there now a strike or picketing at the E	Employer's establi	shment(s) involved	17 If so.	approximately how many	employees are pa	dicipating?	
(Name of labor organization)		, has pick	keted the Employer s	ince (Month, Day, Year)			
10. Organizations or individuals other than known to have a representative interest in					epresentatives and	d other organizations and individuals	
10a. Name	10b. Ad	Idress		10c. Tel. No.		10d. Cell No.	
	1 10000			72.			
				10e, Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conduct	s an election in th	is matter, state you	ir position with respe	ct to 11a. Election Typ	e: Manual	Mail Mixed Manual/Mail	
any such election.	Tue F	Tanking Timeday		444 50-81-			
11b. Election Date(s):	116. 6	lection Time(s):		11d Election Loc	anon(s):		
12a. Full Name of Petitioner (including I	ocal name and n	umber)	The Table 1			city, state, and ZIP code)	
UNITED 3	7552 WO	aktas 40	CAL 6135	P. 0 BOX 6	1828 Bar	AMON P.R. 00960-	
12c. Full name of national or international l		of which Petitioner		stituent (if none, so state)			
12d. Tel No.	12e. Cell No.		12f Fay No	20 May 20 20 20 20 20 20 20 20 20 20 20 20 20	12g. E-Mail Ad	idress	
787-780-0885	787-63	7-9323	787-	740-4140		SDUSW-OFG	
13. Representative of the Petitioner who						J	
13a. Name and Title  YAPUET TORKES	- 574.54	OFP		eet and number, city, stale		211-5520	
13c, Tel No.	13d, Cell No.	Wer.		15 BAYAMON			
787-780-0885	The second secon	637-9327	13e. Fax No.	10-4140	13f. E-Mail Ad	s Dusw.org	
I declare that I have read the above petit					9,000	2 4 03 00 . 0. 7	
	Marchael Calmin	7		g- wire porter,	Unete		
YSPHET TORRES	gnature	12	Title 51AFF	REP-USU	U Date	1,2/2020	
WILLFUL FALSE STATEME	NTS ON THIS PI	ETITION CAN BE	PUNISHED BY FINE	AND IMPRISONMENT	U.S. CODE, TITL	E 18, SECTION 1001)	

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
12-RC-2	56465 Feb. 18, 2020						

2/14/20

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 491 North State Road7, Plantation, Florida, 33317 Coast to Coast Legal Aid of South Florida 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Same as 2b Patrice Paldino, Executive Director 3f. E-Mail Address 3c, Tel, No. 3d. Cell No. 3e. Fax No. patricepaldino@legalaid.org 954-736-2482 954-736-2458 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Plantation, Florida Legal Services Public Interest Law Firm 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: See attached 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached unit wish to be represented by the Petitioner? Yes V No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) 1/13/20\_ Check One: No reply received (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8f. E-Mail Address 8e. Fax No. 8c. Tel No. 8d Cell No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10c. Tel. No. 10b. Address 10f. E-Mail Address 10e Fax No 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 491 North State Road 7, Plantation, Florida 33317 2/21/20 12:00 p.m. to 2:00 p.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (Including local name and number) 5102 Carmona Lane, Pearland, Texas 7758 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NOLSW/UAW Local 2320 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 12d. Tel No. raheast2320@gmail.com 346-307-1526 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Rachel A. Thomas, Regional Organizer 5102 Carmona Lane, Pearland, Texas 77584 13f. E-Mail Address 13e. Fax No. 13d. Cell No. 13c. Tel No. raheast2320@gmail.com 346-3071526 tatements are true to the best of my knowledge and belief. I declare that I have read the above petition and that the Title Date Name (Print)

Regional Organizer Rachel A. Thomas WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

12-RC-256465

Feb. 18, 2020

5b. Description of Unit Involved

Included: attorneys, paralegals, date entry clerk, and intake specialist.

**Excluded:** supervising attorneys, program administrators, and all other supervisors as defined by the National Labor Relations Board.

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 12-RC-256494

Date Filed 2/18/2020

DO NOT WRITE IN THIS SPACE

RO	PETITION		1.4	2-10-230494		2/10/2020		
in which the employer co of service showing service	ncerned is located. The e on the employer and a Description of Represel	petition must all other parties ntation Case P	be accompanied by s named in the petiti Procedures (Form NL	both a showing o on of: (1) the petit	f interest (s tion; (2) Stat	an NLRB office in the Region ee 6b below) and a certificate tement of Position form terest should only be filed		
<ol> <li>PURPOSE OF THIS PETITION bargaining by Petitioner and requests that the National I</li> </ol>	IN: RC-CERTIFICATION OF I Petitioner desires to be certified abor Relations Board proce	REPRESENTATION d as representative d under its pro-	VE - A substantial number of the employees. The per authority pursuant to	Petitioner alleges the Section 9 of the Na	at the following tional Labor I	ng circumstances exist and Relations Act.		
2a. Name of Employer  Moran Environmental F	Recovery		dress(es) of Establishmer NW 16th St, Pom			y, State, ZIF Gode)		
3a. Employer Representative - Kurt Roberts - Office M			3b. Address (If same a 2840 NW 16th St		ch FL 330	69		
3c. Tel. No. 754-703-3600	3d. Cell No.		3e. Fax No.		3f. E-Mail Ad			
4a. Type of Establishment (Fact Construction		4b. Principal prod Hydrovac Co				and State where unit is located: ano Beach FL		
5b. Description of Unit Involve Included: ALL Full & Regul Mechanics, Weld	ed ar Part Time Hydrovac Op	erators, Industri	ial Cleaning Operators	, Field Technicians		6a. No. of Employees in Unit: 25		
Mechanics, Weld Excluded: All Other Emplo						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No		
H -	etitioner is currently recognized	f no reply received as Bargaining Re	d, so state).			clined recognition on or about		
8c. Tel No.	8d Cell No.		8e, Fax No.	8f, E-Mail Address				
8g. Affiliation, if any						Date of Current or Most Recent ny (Month, Day, Year)		
· · · · · · · · · · · · · · · · · · ·		, has pick	eted the Employer since (	Month, Day, Year)		articipating? nd other organizations and individuals		
known to have a representative	interest in any employees in th	ne unit described i	n item 5b above. (If none	, so state)				
10a. Name	10b. Addr	ress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f, E-Mail Address		
11. Election Details: If the NLF any such election.	RB conducts an election in this	matter, state you	r position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail		
11b. Election Date(s): 3/11/2020		ction Time(s): - 7:00 am		11d. Election Local 2840 NW 16th St.		each FL 33069		
12a. Full Name of Petitioner (i International Union of Ope	erating Engineers Local	487		1425 NW 36th St.		, city, state, and ZIP code) 3412		
12c. Full name of national or international Union of Operat	emational labor organization of ing Engineers	f which Petitioner		nt (if none, so state)				
12d. Tel No. 202-429-9100	12e. Cell No.		12f. Fax No.		12g. E-Mail A	Address		
13. Representative of the Peti			A CONTRACTOR OF THE PARTY OF TH					
13a. Name and Title Mark Sc		Manager	13b. Address (street and 1425 NW 36th St. Miami, Fi					
13c. Tel No. 305-634-3419	13d. Cell No. 305-608-5444		13e. Fax No. 305-633-0698		13f, E-Mail A mark@iuoe4			
I declare that I have read the a	bove petition and that the st	tatements are tru	e to the best of my know	wledge and belief.				
Name (Print) Mark Schaunanman	Signature /		Title Business Manager		Date 2/18/202	0		

Mark Schaunanman Manman Business Manager 2/18/2020
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO	NOT WRITE	IN THIS SPACE
Case 12-R	C-256494	Date Filed 2/18/2020

Employees Included

All full & regular part time Hydrovac Operators, Industrial Cleaning Operators, Field Technicians, Mechanics, Welders, Heavy Equipment Operators, & yard workers at Pompano Beach FL location.

**Employees Excluded** 

All other employees, professional employees, supervisors, guards as define in the Act.

Kevin Brokt

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 12-RC-256556

DO NOT WRITE IN THIS SPACE Date Filed 2/18/2020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2s. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Gannet Co., Inc. dba The Palm Beach Post & Palm Beach Daily News 2751 S. Dixie Highway, West Palm Beach, FL 33405 and 400 Royal Palm Way, Suite 100, Palm Beach, FL 33480 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Nick Moschella - Executive Editor 2751 S. Dixie Highway, West Palm Beach, FL 33405 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f, E-Mail Address nmoschella@pbpost.com (561) 820-4441 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: News Publication Newsroom Palm Beach County, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time editorial employees of the Employer. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, including managers, guards, and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 02/18/2020 and Employer declined recognition on or about Check One: 02/18/2020 (Date) (If no reply received, so state). No reply recieved 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c, Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Thursday, March 5, 2020 11am-1pm + 3pm-5pm 3rd Floor Conference Room in The Palm Beach Post Office 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 501 3rd St., NW #6, Washington D.C. 20001 The NewsGuild - CWA 12c, Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) The NewsGuild, Communication Workers of America, AFL-CIO 12d. Tel No. 12f. Fax No. 12e. Cell No. 12g. E-Mail Address (202) 434-7117 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Kevin Brokt - Campaign Lead 13b. Address (street and number, city, state, and ZIP code) 925 West Huron St., #526, Chicago, IL 60642 13d. Cell No. 13e. Fax No. 13c Tel No 13f. E-Mail Address (301) 335-5754 Kbrokt@cwa-union.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date

Campaign Lead WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

02/18/2020

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) , (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 12-RC-256815	Date Filed 1/2020				

		KC PETITIO	714			1 3	12-10-	. 20001	5	-1	21/2020
INSTRUCTIONS: Unless e-Filed of employer concerned is located. It the employer and all other partie Case Procedures (Form NLRB 48	The petition s named in	must be accom the petition of: (	panied by (1) the per	both a stition; (2)	howing of interest ( Statement of Positi	(see 61 on for	b below) an m (Form NL	d a certificat RB-505); an	e of service sho d (3) Description	wing s n of Re	ervice on presentation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Peti     requests that the National Lab	tioner desire	es to be certified a	as represe	ntative of t	he employees. The	Petitio	ner alleges	that the foll	owing circumst	ances	
2a. Name of Employer: Seminole Electric Cooperat	ive, INC				Establishment(s) in Dale Mabry High					):	7
3a. Employer Representative - Na Rebecca Witherow/ Manage and Employee Relations			17-15	ress (if sar As abov	ne as 2b - state sam /e	ne):			-		-
3c. Tel. No. (813) 739-1371	3d. Cell N	0.		3e. Fax N	0.		3f. E-Mail A RWitherd		ole-electric.co	m	
4a. Type of Establishment (Factory, Electric COOP	mine, whole	esaler, etc.)		4b. Princip Electrici	oal Product or Service ty	ce		5a. City an Tampa	d State where un	it is loc	ated:
5b. Description of Unit Involved:		~ ***				-		6a. Numbe	r of Employees in	n Unit:	
Included: See attachment								10			
Excluded: Supervisors, Managers, C	Clerical,	Guards and a	all othe	r as def	ined by the A	CT		of the e	ibstantial numbe mployees in the inted by the Petit	unit wis	h to be
Check One: 7a. Request for re on or about (Date)	FEB 2	,2020 (If n	to reply re	ceived, so	state).	-			ledined recogniti		
8a. Name of Recognized or Certifi						tion an	der the Act				
8c. Tel. No.	8d. Cell N	0.		8e. Fax N	0.		8f. E-Mail A	ddress			
8g. Affiliation, if any:			8h.	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing a	at the Emplo	yer's establishme	nt(s) invol	ved? No	If so, appr				are participating		
(Name of Labor Organization)		E					has picketed	the Employ	er since (Month, I	Day, Ye	ear)
<ol> <li>Organizations or individuals other individuals known to have a representation.</li> </ol>									s and other orga	inizatio	ns and
10a. Name		10b. Address					10c, Tel. N	0.	10d. Cell No.		
							10e. Fax N	o.	10f. E-Mail Addr	ess	
11. Election Details: If the NLRB co	inducts and	election in this ma	atter, state	your posi	tion with respect to a	any suc	ch election:	11a. Election		Mixed	i Manual/Mail
11b. Election Date(s): March 10th, 2020		11c. Election Tin 730pm-830						on Location(s			
12a. Full Name of Petitioner (include International Brotherhood of		me and number):		108	12b. Address (street 10108 Highwa		number, city	, State and 2	IP code):		
12c. Full name of national or internat International Brotherhood	of Elec	trical Worke	rs AFI	L-CIO	iffiliate or constituen	it (if noi	ne, so state)				
12d. Tel, No. (813) 621-2418	12e, Cell N (813) 77			12f. Fax N (813) 62			12g. E-Mail Cparsels	Address @ibew108	org		
13. Representative of the Petitions	r who will	accept service of					The second second				
13a. Name and Title: Doug Bowden / Business M	anager				ess (street and numb lighway 92 East						
13c. Tel. No. (813) 621-2418	13d. Cell N (813) 48				3e. Fax No. 13f. E-Mail Address dbowden@ibew108.org						
declare that I have read the above						rledge				-	
Name (Print)		Signature		D	1.	Title					Date
Down Kows	SEN		MAG	2	with	13	KINGE	5 Men	Not		2-21-20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board

### Seminole Electric Unit:

### Attachment

Include: All Full time System Coordinators to include Associate System Coordinator, System Coordinator I and System Coordinator II.

Name (Print)

Thomas J. Lamadrid

Signature

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	12-RC-256899	Date Filed	Feb. 24, 2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Gannet Co., Inc. dba SW Florida USA Today Network (Naples Daily News & Fort Myers News-Press) See Attached Rider 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Cindy McCurry-Ross - Florida Editor 4415 Metro Parkway, Suite 100 and 300, Fort Myers, FL 33916 3c Tel No 3f. E-Mail Address (239) 335-0280 cmcross@gannett.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Fort Myers and Naples, FL Newsroom News Publications 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time newsroom employees of the Employer. 6b. Do a substantial number (30% or more) of the employees in the All other employees, including managers, guards, and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/24/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply recieved 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Monday, March 9, 2020 9-11am and 4-6pm Fort Myers News-Press Break Room and Naples Daily News Break Room 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 501 3rd St. NW, 6th Floor, Washington D.C. 20001 The NewsGuild - CWA 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communication Workers of America 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (202) 434-7117 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Thomas J. Lamadrid, Attorney for Petitioner 13b. Address (street and number, city, state, and ZIP code) Eisner & Dictor, P.C., 39 Broadway, Suite 1540, New York, NY 10006 13d. Cell No. 13e. Fax No. 13f E-Mail Address 13c. Tel No. (212) 473-8700 (305) 979-7129 (212) 473-8705 thomas@eisnerdictor.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

02/24/2020

#### PRIVACY ACT STATEMENT

Attorney for Petitioner

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

### RIDER to RC PETITION

- 2a. Name of Employer Gannet Co., Inc. dba SW Florida USA Today Network (Naples Daily News & Fort Myers News-Press)
- 2b. Addresses of Establishments Involved Fort Myers News-Press, 4415 Metro Parkway, Suites 100 and 300, Fort Myers, FL 33916; and Naples Daily News, 1100 Immokalee Road, Naples, FL 34110

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	12-RC-256905	Date Filed	2-25-20					

INSTRUCTIONS: Unless e-Filed in which the employer concerne							
of service showing service on th							
(Form NLRB-505); and (3) Descri							
with the NLRB and should not b	e served on the emplo	yer or any other party.					
PURPOSE OF THIS PETITION: RC-bargaining by Petitioner and Petitioner requests that the National Labor Re	desires to be certified as re	presentative of the employees.	The Petitioner alleges th	at the following	ng circumstances exist and		
2a. Name of Employer		2b. Address(es) of Establis	hment(s) involved (Street a				
Orlando Sentinel Communications Compar	The second secon						
3a. Employer Representative – Name a Julie Anderson, Editor-in-Chief		Same	me as 2b – state same)				
3c. Tel. No. 954-425-1685	3d. Cell No.	3e. Fax No.			@sunsentinel.com		
4a. Type of Establishment (Factory, mine News Organization		rincipal product or service and digital news		5a. City Orland	and State where unit is located:		
5b. Description of Unit Involved	and the state of the state of			#2.05 Pa	6a. No. of Employees in Unit:		
Included: All full-time and re Excluded: All other employees		vsroom employees e gers, guards, and supe			6b. Do a substantial number (30% or more) of the employees in the		
H	(Date) (If no re	Representative was made on (Di ply received, so state).		2-10.00 P.	clined recognition on or about		
8a. Name of Recognized or Certified B		rgaining Representative and de so state). 8b. Addr		Act.			
8c. Tel No.	8d Cell No.	8e. Fax No.		8f. E-Mail Add	dress		
- APP. V 2			Tan an Country Country	at Funtation	But all and a Mark Barrel		
8g. Affiliation, if any		8h. Date of Recogni	non or Certification		Date of Current or Most Recent ny (Month, Day, Year)		
Is there now a strike or picketing at the (Name of labor organization)	e Employer's establishment(	s) involved? No If so, a		mployees are p	articipating?		
Organizations or individuals other that known to have a representative interest.     None				presentatives ar	nd other organizations and individuals		
10a. Name	10b. Address		10c. Tel. No.		10d. Cell No.		
			10e Fax No		10f. E-Mail Address		
11. Election Details: If the NLRB condi- any such election.	icts an election in this matte	r, state your position with respe	et to 11a Election Type	: Manual	Mail / Mixed Manual/Mail		
11b. Election Date(s): March 10, 2020	11c. Election 1 9-11am and 6-			11d. Election Location(s): Employer's break room			
12a. Full Name of Petitioner (Including The NewsGuild-CWA	local name and number)			12b. Address (street and number, city, state, and ZIP code) 501 Third St., N.W., 6th Floor, Washington, D.C. 20001			
12c. Full name of national or international Communications Workers of America	l labor organization of which	Petitioner is an affiliate or cons	tituent (if none, so state)				
12d. Tel No. (202) 434-7177	12e. Cell No. 201-787-6035	12f. Fax No.		12g. E-Mail A sbasile@cwa			
13. Representative of the Petitioner w	ho will accept service of a	Il papers for purposes of the r	epresentation proceedin	g.			
13a. Name and Title Michael M	elick, attorney		et and number, city, state, Suite 1000, Washington, D.C				
13c. Tel No. (202) 293-9222	13d. Cell No. (443) 682-3867	13e, Fax No.		13f. E-Mail Administration of the model of t	ddress rrcamens.com		
I declare that I have read the above pe	tition and that the statement	ents are true to the best of my	knowledge and belief.				
Name (Print) Michael Melick	Signature s/ Michael Melick	Title Attorney		Date 2/25/2020	)		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

International Union of Operating Engineers

12d. Tel No. 202.429.9100

13c. Tel No.

305.634.3419

Name (Pant)

12e. Cell No.

13d. Cell No.

305.608.5444

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

13a. Name and Title Mark Schaunaman - Business Manager 13b. Address (street and number, city, state, and ZIP code)

DO NOT WRI	TE IN THIS SPACE			
Case No	Dale Filed	•	1.00	
12-RC-257137	2/28/	202	20	

12g. E-Mail Address

13f. E-Mail Address

mark@iuoe487.org

Date

UNITED STATES		DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR		RD	Case No	401	Date F	
RC PE				257137		2/28/2020
INSTRUCTIONS: Unless e-Filed us in which the employer concerned if of service showing service on the (Form NLRB-505); and (3) Descript with the NLRB and should not be serviced.	ing the Agency is located. The employer and a tion of Represe served on the e	petition must all other parties intation Case P imployer or an	www.nirb.gov, submit all be accompanied by be s named in the petition Procedures (Form NLF y other party.	n original of this noth a showing on of: (1) the petion of: 4812). The so	Petition to an of interest (se- tion; (2) State howing of inter-	n NLRB office in the Region e 6b below) and a certificate ement of Position form erest should only be filed
barga ning by Pelitioner and Pelitioner d requests that the National Labor Relat	estres to be certifie	ed as representative	e of the employees. The f	Section 9 of the N	nat the following	elations Act
Za. Name of Employer	Jon's Court Proc.	2b. Ad	dress(es) of Establishment	(s) involved (Street	and number city	State, ZIP code)
Moran Environmental Recovery ;	Aerotek	2480 N	W 16th Street, Pompano I	Beach FL 33069:	1000 Corporate I	Dr #500. Fon Lauderdale, FL 33334
3a. Employer Representative - Name and	Ttle		3b. Address (If same as			
Kirk Roberts, Business Manager		S	2480 NW 16th Street Pom	pano Beach, FL 330	69 : *000 Corpora	tle Or #500, Fort Lauderdale, FL 33334
3c. Tel. No.	3d. Cel No.		3e. Fax No.		31. E-Mail Add	
754.703.7606;	954.218.7026	: 954.717.3516				foranEnvironmental.com;
4a. Type of Establishment (Factory, mine,	wholesaler. etc.)	4b. Principal pro-	LI VET	+	175-176	and State where unit is located:
Construction		Hydrovac Cor	nstruction		Pompa	no Beach, FL
5b. Description of Unit Involved			20 0 WATCH DAVE VI			6a. No. of Employees in Unit:
Included: All full-time and regular pa work out of the Employer's Excluded: All other employees, office of Check One: 7a. Request for re	Pompano Bead lerical employees ecognitión as Barg	ch, Flonda facility s, professional em	y. nployees, guards and sup ative was made on (Date)	ervisors as defined	I in the Act.	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
7h Patitioner is a			epresentative and desires	certification under th	e Act	74
8a. Name of Recognized or Certified Bar	gaining Agent (H	none, so state).	8b. Address	Various divider di		
1						
8c. Tel No.	8d Cell No.		8e. Fax No.	34	81. E-Mail Add	ress
8g Affiliation, if any	.1	- 1	8h Date of Recognition or	Certification		Date of Current or Most Recent y (Month. Day, Year)
9 Is there now a strike or picketing at the E	mployer's establis	hment(s) involved	? If so, approx	imately how many e	mployees are pa	rticipating?
(Name of labor organization)			ceted the Employer since (	Month Day Year		
Organizations or individuals other than known to have a representative interest in	Petitioner and tho any employees in	se named in items	8 and 9, which have claim	ed recognition as re	presentatives an	d other organizations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No		10d Cell No.
		15.	CZI	10e, Fax No.		10f E-Mail Address
11. Election Details: If the NLRB conduction			ur position with respect to	11a. Election Typ		Mail Mixed Manual/Ma1
11b. Election Date(s):		lection Time(s):		11d. Election Loc		oom 2480 NW 16th Street, Pompane Beach Flands
March 19, 2020 12a. Full Name of Petitioner (Including I	ocal name and ni	m, to 7:00 a.m. umber)			eet and number	city state, and ZIP code)
International Union of Operating Enginee	abor organization	of which Pelitioner	r 15 an affiliate or constituer			

Business Manager 2/28/2020 Mark Schaunaman WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

121. Fax No.

13e. Fax No.

305.633.0698

1425 NW 38th ST Miaml. FL: 33412

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RD) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
12-RD-255760	FEB 5, 2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the

employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 481	named in the petition of	:(1) the petition; (2) St	tatement of Po	sition form	(Form NLRB-505);	and (3) Description	on of Representation		
PURPOSE OF THIS PETITION: R     recognized bargaining representative     Labor Relations Board proceed to	e is no longer their repres	entative. The Petitions	er alleges that	the following	ng circumstances e				
2a. Name of Employer		2b. Address(es) o	f Establishmen	ishment(s) involved (Street and number, city, state, ZIP code)					
Longo En-Tech Puerto Rico,	LLC	100 Carretera	retera 165 Suite 608						
3a. Employer Representative - Name Jose Saavedra, Manager	and Title		Address (If same as 2b - state same) aynabo, PR 00968-8053						
	Fax No.	3e. Cell No.		3f. E-Mail	Address				
787-780-0885		787-637-9323	3	boiro@coqui.net					
4a. Type of Establishment (Factory, m.	ine, wholesaler, etc.)			Ab. Principal product or service     manufacture, repair and construction of sanitary pipeli					
company 5a. Description of Unit Involved				manufa	cture, repair and		of sanitary pipeline d State where unit		
Included: All regular full-time and part- Excluded: All other employees, manage:				loyed by	Respondent PR	is locat			
6. No. of Employees in Unit 14		nber (30% or more) of		n the unit n	o longer wish to be re	epresented by the	certified or currently		
14		ng representative? X	Yes No	1. W.C.	DE ARTISHES VIII				
8a. Name of Recognized or Certified Bargaining Agent United Steelworkers, Local 6871, AFL-CIO, CLC					8b. Affiliation, if any AFL-CIO, CL				
The figure of the street of th	8/1, AFL-CIO, CLC		8d. Tel. No.		Be. Cell No.	C			
8c. Address PO Box 6828 Bayamon, PR 00960-5828			787-780-0	885	787-637-9323				
10 201 0020 24/111011,110 00700 0020			8f. Fax No.		8g, E-Mail Address ytorres@usw.org				
Date of Recognition or Certification   10. Expiration Date of			te of Current or	Most Recer	***************************************				
M. 175140 A. 1440 M. Marie		October 16, 2	017						
11a. Is there now a strike or picketing a	at the Employer's establish	ment(s) involved?	Yes X No	11b. If so.	approximately how n	nany employees a	re participating?		
11c. The Employer has been picketed				110000			a labor organization, of		
(insert Address)					sino	e (Month, Day, Ye	ear)		
12. Organizations or individuals other t						anizations			
and individuals known to have a re 12a. Name	presentative interest in any 12b. Address	y employees in the unit	described in ite	12c. Tel. I		12d. Fax No.			
	777023275			226.6					
				12e. Cell	No.	12f. E-Mail Addre	ess.		
				1, 37-3					
13. Election Details: If the NLRB con- matter, state your position with resp				13a. Elect	ion Type: X Manua	Mail	Mixed Manual/Mail		
13b. Election Date(s)	13c. Election	Time(s)		13d. Elect	tion Location(s)				
14. Full Name of Petitioner									
(b) (6), (b) (7)(C)									
14a. Address (Street and number, city, (b) (6), (b) (7)(C)	state, ZIP code)			14b. Tel. 1	No.	14c. Fax No.			
			140		No. (7)(C)	14e, E-Mail Addr (b) (6), (b) (1			
14f. Affiliation, if any						CACHUAL			
15. Representative of the Petitioner	who will accept service o	of all papers for purpo	ses of the rep	resentation	proceeding.				
15a. Name				15b.Title					
15c. Address (Street and number, city,	state, ZIP code)			15d. Tel. I	No.	15e. Fax No.			
				151, Cell N	lo.	15g. E-Mail Addr	ess		
I declare that I have read the above	satition and that the atak	oments are true to the	heat of my kn	owledge of	nd belief		-		
I declare that I have read the above p Name (Print)	Signatu (b) (6	), (b) (7)(C)	NI.	Title			Date Filed		
(b) (6), (b) (7)(C)				An Indi	vidual	TIP: F 40 BES	1/27/20		
WILLFUL FALSE STATE	MENTS ON THIS		AN	INPRISC	NMENT (U.S. CODE	, HILE 18, SEC	10N 1001)		

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 13-RC-255740	Date Filed 2/5/20				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2000 S. Kilbourn Ave. Mauser Packaging Solutions 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2000 S. Kilbourn Ave. II. Chicago 60623-Jeremy Lee 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (773) 676-2258 Jeremy.lee@MauserPackaging.onmicrosoft.com (312) 771-1083 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Containers & Packaging Packaging services Chicago, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 63 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 9748 S. Roberts Rd Sign, Display, Pictorial Artists, Wood Finishers, Metal Polishers & Allied Trades, Local Uni II Palos Hills 60/ 8c. Tel No. 8d Cell No. 8e Fax No. 8f. E-Mail Address (708) 430-7075 (708) 430-7286 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Painters District Council #14 04/30/2020 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 18, 2019 1:00-3:00 p.m. Employer facility, break room 12a. Full Name of Petitioner (including local name and number) Alex M Tillett-Saks Teamsters Local 705 12b. Address (street and number, city, state, and ZIP code) 1645 W. Jackson Blvd. 7 h Floor 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (*if none, so state*) International Brotherhood of Teamsters 12g. E-Mail Address ats@1705ibt.org 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Legal Counsel Alex M Tillett-Saks 02/4/2020 14:48:06 Alex M Tillett-Saks

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
13-RC-255740	2/5/20				

## Employees Included

All hourly paid production and maintenance employees.

## **Employees Excluded**

All confidential employees, guards, professional employees, and supervisors as defined in the Act.

FORM NLRB-502 (RC) (2-18)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN 1	THIS SPACE
Case No. 13-RC-255879	Date Filed 2/6/20

		41111411			13-1	10-255	3/7	2/0/20	
INSTRUCTIONS: Unless e-F amployer concerned is loca the employer and all other p Case Procedures (Form NL	ated. The petition must be parties named in the peti	e accompanied by tion of: (1) the pet	both a s ition; (2)	showing of Interest ( Statement of Positi	(see 6b below) a on form (Form N	nd a certific LRB-505); i	ate of service sh and (3) Descriptio	owing service on n of Representation	
PURPOSE OF THIS PETT bargaining by Petitioner an requests that the National	d Petitioner desires to be o	certified as represen	ntative of	the employees. The	Petitioner allege	s that the fo	lowing circums	ances exist and	
2a. Name of Employer:		2b. Addr	ess(es) d	f Establishment(s) in	volved (Street and	number, Ci	tv. State. ZIP code	ol:	
University of Chicag	o Medical Center	11 000000000000000000000000000000000000		yland Ave, Chi			8. =1412 -17-4-1	×.	
2. Eurolavas Baarragalathu	. Nume and Title	7h Adda	nnn /// nn		G-1-	_			
3a. Employer Representative Bob Hanley	a - Name and Thes.		Address (if same as 2b - state same): 341 S Maryland Ave. Rm M118, MC 1086						
3c, Tel. No. 773-702-1090	3d, Cell No.		3e. Fax I	Vo.	3f. E-Mail Address bob.hanley@uchospitals.edu				
4a. Type of Establishment (Fa	ctory, mine, wholesaler, et	tc.)	4b, Princ	ipal Product or Service	ce	5a. City	and State where u	nit is located:	
Hospital			Acute	Care		Chicag	o IL		
5b. Description of Unit Invol Included:	•				6a. Num	ber of Employees	in Unit:		
see attachment A						000			
Excluded:						6b. Do a	substantial number	er (30% or more)	
see attachment A						sented by the Peti			
on or about	for recognition as Bargain (Date) N/A or is currently recognized a	(If no reply re	ceived, s	o slate).	7 2 3 3		r declined recogni	lion	
Ba. Name of Recognized or i	Accordate from a Product the of Followshire Section (Stage Condition age 650 of the			Address:	MON DINGS THE ALL				
•									
Bc. Tel. No.	8d, Cell No.		8e. Fax I	No.	8f. E-Mail	8f. E-Mail Address			
8g. Affillation, if any:			Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				ar)		
<ol><li>Is there now a strike or pick (Name of Labor Organizatio</li></ol>		tablishment(s) invol	ved? N	O 🔻 If so, app			es are participation		
<ol> <li>Organizations or individual individuals known to have</li> </ol>							ves and other org	anizations and	
40. 11	- 1144	*****			100		Trans.		
10a. Name	10b. Ac	doress			10c. Tel.	No.	10d. Cell No.		
					10e. Fax	10e. Fax No.		ress	
11. Election Details: If the NL	RB conducts and election	in this matter, state	уонг ра	silion with respect to	any such election	2007		200	
						X Man		Mixed Manual/Mail	
11b. Election Date(s):		ection Time(s):				11d. Election Location(s): Employer's Facilities			
2/27/2020		-6pm							
12a. Full Name of Petitioner Health Care, Professi and Mail Order Emp	ional, Technical, O	office, Wareho	ouse,	12b. Address (stre 4620 S. Trip			and the second s		
12c. Full name of national or in			oner is an	affiliate or constituer	nt (if none, so stat	9).			
International Brother									
12d. Tel. No.	12e. Call No.	1	12f, Fax	No.	12g. E-M	ail Address			
773-254-7460	773-230-130	7	773-2	54-7111	bcrow	ley@tear	nsterslocal74	3.com	
13. Representative of the Pe	titioner who will accept a								
13a. Name and Title:				ress (street and num					
JOEL A. D'ALBA			200 W	. Jackson Blvd S	Suite 720 Chic	ago, Illin	ois 60606		
13c. Tel. No.	13d. Cell No.		13e, Fax	No.	13f. E-Ma	il Address			
312-263-1500	7.53,07920710			63-1520	- C.	jad@ulaw.com			
declare that I have read the	above petition and that	the statements ar							
Name (Print)		Signature	1	1	Title			Date	
Brendan J. Crowley		(Dals	14	-	Staff Atto	rney		2/6/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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### Attachment A

**Included:** All technical employees as defined under 29 CFR 103.30, (who are currently unrepresented), currently working at the employer's Hyde Park Campus.

**Excluded:** supervisory employees, temporary and casual employees, regular part-time employees normally working less than seventeen (17) hours and all other employees of the hospital.

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 13-RC-256049	Date Filed 2/10/20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14300 NE 145th St WA Woodinville 98072 TZ Chicago LLC, d/b/a Teatro ZinZanni 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 14300 NE 145th St WA Woodinville 98072 Annie Jamison 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (206) 650-6316 annie@zinzanni com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Musical theater productions Chicago, II 5b. Description of Unit Involved 6a. No. of Employees in Unit: 10 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/11/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 1, 2020 Any Mail ballot 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Terryl Jares Chicago Federation of Musicians, Local 10-208 A.F.M 656 West Randolph St Suite 2W 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
American Federa ion of Musicians 12g. E-Mail Address iares@cfm10208.org 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Kevin Case Case Arts Law LLC 53 W Jackson Blvd Suite 209 IL Chicago 60604-13c Tel No. 13d. Cell No. 13e Fax No. 13f. E-Mail Address kcase@caseartslaw.com (312) 234-9926 (312) 933-5108 (312) 962-4908 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Kevin Case 02/10/2020 13:28:06 Kevin Case

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment Case Date Filed 13-RC-256049

### Employees Included

All musicians employed to play a musical instrument at a performance produced by the Employer

DO NOT WRITE IN THIS SPACE

2/10/20

### **Employees Excluded**

Non-instrumental stage performers, administrative staff, stage crew, production staff, box office employees, ushers, managerial employees

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	13-RC-256336	Date Filed 2/13/20				

employer concerned is loca the employer and all other p	iled using the Agency's webs ted. The petition must be acc arties named in the petition o RB 4812). The showing of inte	ompanied by bo of: (1) the petitio	th a showing of intere n; (2) Statement of Po	st (see 6b below) an sition form (Form NI	d a certifica LRB-505): an	te of service ad (3) Descri	showing se	rvice on resentation	
bargaining by Petitioner and	ION: RC-CERTIFICATION OF d Petitioner desires to be certified I Labor Relations Board processing	ed as representat	ive of the employees. T	ne Petitioner alleges	that the fol	lowing circus	mstances ex	lective cist and	
2a, Name of Employer: Lydia Care center			2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 13901 Lydia ave. Robbins II. 60472						
3a. Employer Representative Susan Simonsen	- Name and Title:	3b. Address Same	3b. Address (if same as 2b - state same): Same						
3c. Tel. No. 708-385-8700	3d. Cell No.		Fax No. 8-385-5642	3f, E-Mail		4@gmail.	com		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facility			Principal Product or Se ursing and Rehab	vice	5a. City ar	nd State when	e unit is local	ted:	
5b. Description of Unit Involv Included: Security Advocates, S		oking monito	ors		6a. Number 16	er of Employe	es in Unit		
Excluded:					of the represe	ubstantial nur employees in ented by the f	the unit wish Petitioner?	to be	
on or about (  7b. Petitioner  8a. Name of Recognized or C	is currently recognized as Bargertified Bargaining Agent (If I	(If no reply received gaining Representation)	ed, so state). tative and desires certif 8b. Address:	cation under the Act.		declined reco	gnition		
Service Employee Int	ernational Union - HC	м	2229 S. Halsted	, Cnicago II. 6	0604			- 6	
8c. Tel. No. 312-980-9000	8d. Cell No.	8e. Fax No. 312-980-9092			8f. E-Mail Address gwen.williams@seiuhcil.org				
8g. Affiliation, if any: AFL- CIO			8h. Date of Recognition or Certification May 1,2017  8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) april 30,2020					1 30,2020	
Is there now a strike or picket     (Name of Labor Organization		nment(s) involved	? no If so, a	pproximately how ma		s are participa er since (Mon			
10. Organizations or individuals		e named in items employees in the	8 and 9, which have claunit described in item 5	imed recognition as r	epresentativ	23000			
10a. Name	10b. Address	s		10c. Tel. N	lo.	10d. Cell No	4		
				10e, Fax N	10e, Fax No.		10f. E-Mail Address		
11, Election Details: If the NLF	RB conducts and election in this	s matter, state yo	ur position with respect	o any such election:	A Committee of the Comm	n Type; al Mail	☐ Miyed I	Manual/Mail	
11b. Election Date(s): Feb.18,2020	11c. Election 7am - 9a	Time(s): m and 2pm-				tion Location(s):			
12a. Full Name of Petitioner ( Service Employee Inte	including local name and numb ernational union - HC	er): II	12b. Address (s 2229 S. Ha	treet and number, city Isted, Chicago	y, State and I II. 60604	ZIP code):			
12c. Full name of national or int AFL-CIO	ternational labor organization of	f which Petitioner	is an affiliate or constitu	ent (if none, so state)	),			77	
12d. Tel. No.	12e. Cell No.	12f.	Fax No.	12g. E-Mai	Address				
13. Representative of the Peti 13a. Name and Title: Gwendolyn Williams - o		136	or purposes of the rep Address (street and no 29 S. Halsted, Chie	imber, city, State and		p. 0		- +i	
13c. Tel. No. 312-980-9000	13d, Cell No. 312-545-0368	31	Fax No. 2-980-9092	13f. E-Mail Address gwen.williams@seiuhcil.org				1	
I declare that I have read the Name (Print)	above petition and that the st Signa		ue to the best of my kr	Title	5			Date	
Gwendolyn Williams	. I M	vendolu	m William					02/10/20	

FORM NLRB-502 (RC) (2.18)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	13-RC-256356	Date Filed 2/14/20				

	NO FEIT	HOIV				2,11,20				
employer concerned is loca the employer and all other	Filed using the Agency's webs ated. The petition must be acc parties named in the petition RB 4812). The showing of int	companied by a of: (1) the petit	both a s tion; (2)	howing of interes: Statement of Posi	t (see 6b below) a tion form (Form I	nd a certifica NLRB-505); a	ate of service sho nd (3) Descriptio	owing service on n of Representation		
bargaining by Petitioner an	TION: RC-CERTIFICATION OF d Petitioner desires to be certifi Il Labor Relations Board proc	ed as represent	tative of	the employees. The	e Petitioner allege	s that the fo	llowing circumst	ances exist and		
2a. Name of Employer:		2b. Addre	ss(es) of	Establishment(s) i	nvolved (Street an	d number, Cit	y, State, ZIP code	9):		
Jones Lang LaSalle		200 E	Rando	lph St, Floors	St, Floors 43-48, Chicago, IL 60601					
3a. Employer Representative	e - Name and Title:	3b. Addre	ss (if sai	ne as 2b - state sa	state same):					
Julianna Poyotte, Fac Midwest	ilities Manager,	200 E I	Rando	lph St, Floors	43-48, Chic	43-48, Chicago, IL 60601				
3c. Tel. No.	3d. Cell No.	3	e. Fax N	0.	3f. E-Mai	I Address		-		
240-695-3293					julianı	ia.poyotte	@am.jll.con	n		
4a. Type of Establishment (Fa Office	ctory, mine, wholesaler, etc.)			pal Product or Serv nance	rice	5a. City a Chicag	nd State where un o, IL	nit is located:		
5b. Description of Unit Involved:						6a. Numb	er of Employees i	in Unit:		
Chicago and the vicinity.	me skilled maintenance workers	s working for Jo	nes Lanç	LaSalle on the We	eWork account in	8				
2	mployees, managers, guards ar	40. 5 . Can to con-	a, syamy		40	of the repres	substantial numbe employees in the sented by the Peti	unit wish to be tioner? X Yes No		
on or about	for recognition as Bargaining R (Date) or is currently recognized as Bar	(If no reply rece	eived, so	state).	-	Division Section	declined recognit	ion		
8a. Name of Recognized or 0	Certified Bargaining Agent (If	none, so state)	8b. A	ddress:						
** ** 7.	To a will	- 1.			1000000	TW				
8c. Tel. No.	8d. Cell No.	8	le. Fax N	0.	8f. E-Mai	l Address				
8g. Affiliation, if any:		8h. I	Date of F	Recognition or Certi			Current or Most (Month, Day, Ye	ar)		
Is there now a strike or pick     (Name of Labor Organization	eting at the Employer's establis	hment(s) involv	ed?	If so, ap	proximately how m		es are participatin yer since (Month,			
10. Organizations or individual individuals known to have	s other than Petitioner and thos a representative interest in any	se named in iter employees in th	ns 8 and he unit d	9, which have clair escribed in item 5b	med recognition as	representati		THE COLUMN TWO IS NOT		
10a. Name	10b, Addres	S	_		10c. Tel.	No.	10d. Cell No.			
					7.00.70	1940	, ou. don no.			
					10e. Fax	No.	10f. E-Mail Address			
11. Election Details: If the NU	RB conducts and election in thi	is matter, state	your pos	ition with respect to	any such election			And the same of the same of		
				4-4		Manı		Mixed Manual/Mail		
11b. Election Date(s): 03-03-2020	11c. Election 12:00PM	n Time(s): 1-1:00PM	50 N			tion Location(s): Randolph				
12a. Full Name of Petitioner	(including local name and number of Operating Engineers	ber):	KL.		reet and number, over St, Chicag	ity, State and	ZIP code):			
	nternational labor organization of f Operating Engineers			affiliate or constitue	ent (if none, so stat	(e):				
12d. Tel. No. 12e. Cell No. 12f. F				lo. 2-1565	12g. E-M	ail Address				
	titioner who will accept service				eantation areas	ding		10.4		
13a. Name and Title: Pat O'Gorman, Organiz		1	3b, Addr	ess (street and nur Grove St, Chic	nber, city, State ar	nd ZIP code):				
13c, Tel, No. 312-980-6156	13d. Cell No. 773-502-7425		3e. Fax	No. 2-1565	2000 2000 2000 2000	all Address	e399.com			
	above petition and that the s						C377,COIII			
Name (Print)		ature 1	1-1	A	Title	2.5		Date		
Pat O'Gorman		petit	al	·-	Organize			02-14-20		

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

	DONOI	WKITE
Case No.	13-RC-256669	

Date Filed 2/20/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of; (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 13901 Lydia Ave., Robbins, IL 60472 Lydia Care Center 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Susan Simonsen Same 3e. Fax No. 3f. E-Mail Address 708-385-8700 708-385-5642 ssimonsen@lydiacares.net 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Robbins, Illinois Healthcare Facility Nursing and Rehab 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: security advocates a/k/a safety advocates a/k/a SAs, and smoking monitorrs 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 02/05/20 and Employer declined recognition on or about Check One: 02/10/20 (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Service Employee Int'l Union - HCII 2229 S. Halsted, Chicago, IL 60608 8c. Tel No. 8d Cell No. Be, Fax No. 8f. E-Mail Address 312-980-9000 312-980-9092 gwen.williams@seiuhcil.org 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Service Employees Int'l Union May 1, 2017 April 31, 2020 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above, (If none, so state) None 10c. Tel. No. 10b. Address 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: Manual Mail Mixed Manual/Mail any such election 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 7am-9am and 2pm-4pm Lydia training room March 2, 2020 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Service Employee Int'l Union - HCII 2229 S. Halsted, Chicago, IL 60608 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees Int'l Union 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f Fax No. 312-980-9092 gwen.williams@seiuhcil.org 312-980-9000 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Josiah A. Groff, attorney 13b. Address (street and number, city, state, and ZIP code) 8 S. Michigan Ave., 19th Fl. Chicago, IL 60603 13e. Fax No. 13d. Cell No. 13f. E-Mail Address 13c. Tel No. 312-372-1361 312-372-6599 JGroff@laboradvocates.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Josiah A. Groff attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM NLRB-502 (RC) (2-18)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN T	HIS SPACE
Case No. 13-RC-256720	Date Filed 2/21/20

employer concerned is lo the employer and all othe	cated. The petition must be ac r parties named in the petition	companied by of: (1) the pe	y both a sh tition; (2) S	owing of interest ( statement of Positi	(see 6b below) and on form (Form NL	l a certifica RB-505); ar	office in the Region in which the te of service showing service on and (3) Description of Representation the employer or any other party.
bargaining by Petitioner	TITION: RC-CERTIFICATION O and Petitioner desires to be certi nal Labor Relations Board pro	ified as represe	ntative of the	ne employees. The	Petitioner alleges	that the fol	sented for purposes of collective llowing circumstances exist and abor Relations Act.
2a. Name of Employer:	TANKED - COUNTY - CO		The second second	and the second s	volved (Street and i	number, City	y, State, ZIP code):
Hyatt Place South		5225	S Harpe	er Ave, Chicag	go, IL 60615		
3a. Employer Representat	ive - Name and Title:	3b. Add	ress (if san	ne as 2b - state sam	ne):		
Leroy Brown, Gene	eral Manager	Same					
3c. Tel. No.	3d, Cell No.		3e. Fax No	).	3f. E-Mail A		NAME OF THE OWNER OWNER OF THE OWNER OWNE
773-752-5300	Factory, mine, wholesaler, etc.)		4b Princip	al Product or Service	leroy.br		y att. COIII nd State where unit is located:
Hotel	actory, mine, wholesaler, etc.)		Mainte	makadata ana askarika i		Chicag	
5b. Description of Unit Inv	olved:					6a. Numb	er of Employees in Unit:
	t-time skilled maintenance worke		the Olympia	a Companies at the	Hyatt Place	2	
Excluded:	225 S Harper Ave, Chicago, IL 6 employees, managers, guards a		as defined	by The Act.		of the	substantial number (30% or more) employees in the unit wish to be sented by the Petitioner? X Yes
	est for recognition as Bargaining				an		declined recognition
on or abou	ut (Date) ner is currently recognized as Ba	(If no reply re argaining Repre			tion under the Act.		
8a. Name of Recognized o	r Certified Bargaining Agent (	If none, so state	e) 8b. Ad	ddress:			
8c. Tel. No.	8d. Cell No.		8e. Fax No	э,	8f, E-Mail A	Address	
8g. Affiliation, if any:	1, ,,,,,,	81	. Date of R	ecognition or Certif			Current or Most (Month, Day, Year)
9. Is there now a strike or pi	cketing at the Employer's estable	ishment(s) invo	lved?	If so, app	roximately how mai	ny employe	es are participating?
(Name of Labor Organiza	ition)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, has picketed	the Employ	yer since (Month, Day, Year)
	uals other than Petitioner and the re a representative interest in an						ves and other organizations and
10a. Name	10b. Addre	ess			10c. Tel. N	0.	10d. Cell No.
Too. Helio	1250 200						
	4				10e. Fax N	Ο,	10f. E-Mail Address
11, Election Details: If the	NLRB conducts and election in t	this matter, stat	e your posi	tion with respect to	any such election:	11a. Election	
11b. Election Date(s):	11c. Elect	ion Time(s):			11d. Election	on Location	
03-06-2020	12:00P	M-12:30Pl	M		Hyatt P		
	er (including local name and nur of Operating Enginee		9		eet and number, city e St, Chicago		
	r international labor organization of Operating Enginee			 affiliate or constitue	nt (if none, so state,	):	
12d. Tel. No.	12e. Cell No.	is, ATL-C	12f. Fax N	lo.	12g. E-Mai	I Address	
312-372-9870	J		30 C 20 C 10 C C C C	2-1565		ALC 1015	
13. Representative of the 13a. Name and Title: Pat O'Gorman, Organ	Petitioner who will accept ser	vice of all pape	13b. Addr		nber, city, State and		
					E.	W West	
13c. Tel. No.	13d. Cell No. 773-502-7425		13e, Fax I	No. 2-1565	13f. E-Mail		e399.com
312-980-6156	the above petition and that the	statements a					CD79.COIII
Name (Print)		gnature /	11/	1	Title		Date
Pat O'Gorman		Pel	1 a	au	Organizer		02/21/20

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No. 13-RC-256995	Date Filed 2/26/20	

INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4)	The petition must to s named in the pet	ne accompanied to ition of: (1) the p	y both a : etition; (2)	showing of interest (see Statement of Position	ee 6b below) an n form (Form NL	d a certifica .RB-505); ar	te of service s id (3) Descript	showing service on tion of Representation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Pet     requests that the National Lab	itioner desires to be	certified as repres	entative of	the employees. The Po	etitioner alleges	that the fol	lowing circum	stances exist and
2a. Name of Employer:		2b. Ad	dress(es)	of Establishment(s) invo	lved (Street and	number, City	, State, ZIP co	ode):
Roseland Community Hospital 45 W		/ 111th	St, Chicago, IL	60628				
3a. Employer Representative - Na	ime and Title:	3b. Ad	dress (if sa	ame as 2b - state same)	12			
Tim Egan, President/CEO	O	Same	е					
3c. Tel. No.	3d. Cell No.		3e. Fax I	No	3f. E-Mail	Address		
773-995-3000	20022000		547 577				hospital.or	rg
4a. Type of Establishment (Factory,	, mine, wholesaler, e	etc.)	4b. Princ	cipal Product or Service		And in the contract of the contract of	the family of the second second second	unit is located;
acute care health facility			Health	ncare		Chicag		2007
5b. Description of Unit Involved:			12-2				er of Employee	es in Unit:
Included:						100	Sheer Market	
See attached						100	Carried State	August Committee
Excluded:						6b. Do a s	ubstantial num	nber (30% or more) he unit wish to be
Registered Nurse supervi						repres	ented by the P	etitioner? X Yes No
Check One: 7a. Request for re on or about (Date	ecognition as Bargain no reply receive			de on (Date) 02/2 o state).	20/2020 ar	nd Employer	declined recog	mition
				and desires certification	on under the Act.			
8a. Name of Recognized or Certif	ied Bargaining Age	ent (If none, so sta	te) 8b.	Address:				
None			Y III					
8c. Tel. No.	8d, Cell No.		8e. Fax I	No.	8f. E-Mail	Address		
8g. Affiliation, if any:		8h. Date of Recognition or C		Recognition or Certifica		Expiration Date of Current or Most ecent Contract, if any (Month, Day, Year)		
n (-1)				Man anni	- I Language	40.00	STATE OF CASE	
<ol><li>Is there now a strike or picketing (Name of Labor Organization)</li></ol>	at the Employers es	stablishment(s) inv	olved r N	O II so, appro	ximately how ma , has pickete		er since (Mont	
Organizations or individuals oth individuals known to have a rep							es and other o	rganizations and
	resemente interese	it only employees.	11.0.0	3000/1000 111 110111 40 40	ore, (iii none, co	ololo,		-
None 10a. Name	110h A	Address			10c. Tel. N	lo.	10d. Cell No.	
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					10e. Fax N	lo.	10f. E-Mail A	ddress
11. Election Details: If the NLRB c	anducts and election	in this matter eta	te vour no	cition with respect to an	w such election:	11a. Electic	n Tyne:	
11. Clection Details, if the NEAD C	oridacis and electron	r in this matter, ste	ne your po	amon with respect to an	ly sacri election.	Manu:		Mixed Manual/Mail
11b. Election Date(s):	Inc F	lection Time(s):	-		111d Flecti	on Location(		
March 17, 2020		-8am 5pm-8p	nm		All	irpose ro		
12a. Full Name of Petitioner (inclu			7111	12b. Address (street				
SEIU Healthcare Illinois				2229 S Halste				
12c. Full name of national or internal Service Employees Internal			tioner is ar	affiliate or constituent	(if none, so state	):		
12d. Tel. No.	12e. Cell No.		12f. Fax	No	12g. E-Ma	I Address		
312-980-9000	773-459-310	18	121. Tax	NO.	1 1 2 2 2 2		a@seiuhc	il ora
13. Representative of the Petition			ers for pu	irposes of the represe			awsorune	11.016
13a, Name and Title;				dress (street and number				
George Luscombe			8 Sout	h Michigan Ave, l	19th floor, Ch	nicago IL	60603	
13c. Tel. No.	13d, Cell No.		13e. Fax	No.	13f. E-Mail	Address		
312-372-1361	150, 5011110.			72-6599	10.000 mm at 1000		oradvocate	es.com
I declare that I have read the abo	ve petition and that	the statements :					o. aa voodt	PART CALL
Name (Print)	Paradan Suite Mila	Signature	$\cap$		Title			Date
Heather McNabola		Quall	de	_	Field Dire	ctor		2/26/20

### **Description of Unit:**

All full-time, part-time, and per-diem Registered Nurses (RNs) employed by Roseland Community Hospital at its hospital at 45 West 111<sup>th</sup> Street, Chicago, Illinois 60628, including, but not limited to, RN Case Managers, Wound Care RNs, Infection Control RNs, and Nurse Educators, excluding Registered Nurses employed as supervisors or managers as defined in the National Labor Relations Act.

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No. 13-RC-257111	Date Filed 2/27/20	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 111 W. Campbell St. IL Arlington Heights 60005-3b. Address (If same as 2b – state same) Performing Arts at Metropolis, d/b/a Metropolis Performing Arts Centre 3a. Employer Representative - Name and Title 111 W. Campbell St. IL Arlington Heights 60005-Brookes Ebetsch 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (847) 577-5982 bebetsch@metropolisarts.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Entertainment venue Arlington Heights, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 2 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🔽 Manual 🦳 Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 20, 2020 Employer's facility 11:00 a.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Craig Carlson
Theatrical Stage Employees Union Local No. 2 216 S. Jefferson St., Ste. 400 II Chicago 60601-12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)
International Alliance of Theatrical Stage Employees and Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories, and 12g. E-Mail Address ccarlson@iatselocal2.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (312) 705-2011 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) David Huffman-Gottschling Jacobs, Burns, Orlove & Hernandez 150 N. Michigan Ave., Ste. 1000 IL Chicago 60601-13c. Tel No. 13d Cell No 13e Fax No. 13f. E-Mail Address davidhg@jbosh.com (312) 327-3443 (312) 726-3887 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date David Huffman-Gottschling 02/27/2020 15:51:05 David Huffman-Gottschling

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment Case Date Filed 13-RC-257111 2/27/20

DO NOT WRITE IN THIS SPACE

Employees Included
All stagehands, including Master Electrician and Head of Sound

Employees Excluded
Office clerical employees and guards, professional employees and supervisors as defined in the Act

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 13-RC-257168 Date Filed 2/28/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, <a href="www.nirb.gov">www.nirb.gov</a>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should <a href="mailto:not">not</a> be served on the employer or any other party.

	d (3) Description of Repres rould <u>not</u> be served on the			.RB 4812). The sho	wing of in	terest should only be filed
PURPOSE OF THIS PE- bargaining by Petitioner requests that the Natio	TITION: RC-CERTIFICATION OF and Petitioner desires to be certifi anal Labor Relations Board proc	REPRESENT	ATIVE - A substantial number	Petitioner alleges that	the following	g circumstances exist and
2a. Name of Employer		2b	. Address(es) of Establishmen	nt(s) involved (Street and	d number, city	v, State, ZIP code)
North Shore Home Health	N N		4901 Seade Pkwy. Ste 160 IL Skokie 60076-			
3a. Employer Representa	tive - Name and Title		3b. Address (If same a	s 2b – state same)		
Julie Dayiantis  3c. Tel. No.	3d, Cell No.		4901 Searle Pkw IL Skokie 60076-		4 F M-0 A-4	
(847) 475-2001	(312) 498-0171		3e. Fax No. (847) 982-4284		sf. E-Mail Add daylantis@Nort	
	(Factory, mine, wholesaler, etc.)		product or service	17		and State where unit is located:
	althcare	45.1 Amelpa	Home Nursing & therapy p	prescribed	Ja. Ony	Skokie, IL
5b. Description of Unit Inv	volved		(Jenne Training & Merek)		-	6a. No. of Employees in Unit:
Included: See Attached	Page 2 for additional details					75
	Page 2 for additional details					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [ ] No [ ]
76.	Request for recognition as Barg (Date) ( Petitioner is currently recognize or Certified Bargaining Agent (If	(If no reply rece d as Bargaining	rived, so state).  g Representative and desires			lined recognition on or about
10.101003.31.1313.14003.13		0.113				
8c. Tel No.	8d Cell No.	ell No. 8e. Fax No. 8f. E-Mail Ad		f. E-Mail Add	ress	
8g. Affiliation, if any	Affiliation, if any 8h		8h. Date of Recognition o		Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
(Name of labor organization) 10. Organizations or individual		, has p	picketed the Employer since ( ms 8 and 9, which have claim	ed recognition as repres		rticipating?  d other organizations and individuals
10- 11	Tab. 14		144 E. M. A. F.	Lacern		1
10a. Name	10b. Add	aress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the any such election.	NLRB conducts an election in this	s matter, state	your position with respect to	11a. Election Type:	Manual [	Mail Mixed Manual/Mail
11b. Election Date(s): Tues, 03-24-20		ection Time(s): m & 5pm-7pm		11d. Election Location		cated at 4901 Searle Pkwy, Skokie (L
Abbey Davis AFSCME (American Federation of	er (including local name and nu of State, County, & Municipal Employees	mber) s) Council 31		12b. Address (street a 205 N Michigan Ave II. Chicago 60601-		city, state, and ZIP code)
12c. Full name of national o AFL-CIO	r international labor organization of	of which Petition	ner is an affiliate or constituen	t (if none, so state)		
12d, Tel No.	12e. Cell No.		12f. Fax No.	11	2g. E-Mail Ac davis@afscm	ddress
(312) 641-6060 13. Representative of the I	(773) 744-6758 Petitioner who will accept service	ne of all name	(312) 861-0979		ad tialligatacii	1.018
13a. Name and Title Melissa Auerbach Attomey Dowd, Block, Bennett, Cervo		ce or all paper	13b. Address (street and 8 S. Michigan Ave. 19th IL Chicago 60603-	d number, city, state, and	d ZIP code)	
13c. Tel No. (312) 372-1361	13d, Cell No.		13e. Fax No. (312) 372-6599	1: m	3f. E-Mail Ad	dress aboradvocates.com
The state of the s	he above petition and that the s	tatements are				- v opinarynaispul
Name (Print)	Signature	aver remit 193	Title	TOTAL TRUE STREET	Date	
Abbey Davis	Abbey Davis		Organizing Director			11:25:09

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRIT	E IN THIS SPACE
Case	Date Filed
13-RC-257168	2/28/20

## Employees Included

Including: All full time, part time, resource & PRN Professional employees who work for North Shore Home Health Services out of the Searle location including the following titles: Registered Nurses, Physical Therapists, Occupational Therapists, Speech Therapists, & Medical Social Workers.

## **Employees Excluded**

excluded: All confidential employees, supervisory employees, and managerial employees as defined in the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE	IN THIS SPACE	
Case No.	13-RC-257174	Date Filed 2/28	3/20

-28-2020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Chicago Marriott Suites O'Hare 6155 North River Road, Rosemont, IL 60018 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Ed Brunt - General Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 847-685-6341 847-696-4425 ed.brunt@marriott.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Hospitality Rosemont, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All regular full-time and part-time cooks, prep cooks, dishwashers, restaurant 6b. Do a substantial number (30% Excluded: servers. bartenders. bussers. hosts. bar-backs. banquet servers. bartenders. or more) of the employees in the Managers, Chefs, Supervisors as defined by the Act, Housekeeping, Engineering, Front unit wish to be represented by the Petitioner? Yes ✓ No Desk Night Auditors PBX Operators 7a. Request for recognition as Bargaining Representative was made on (Date) 02/26/2020 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b Address 10c Tel No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 7238 W. Roosevell Road, Forest Park, IL 60130 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 630-917-7066 708-771-8988 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Alfonso Garcia 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d\_ Cell No 13e. Fax No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

WILLFUL FALSE STATEMENTS ON THIS PERTITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

SIDERUT

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No. 14-RC-255703	Pate Filed February 4, 2020	

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1 Andrews Way Meramec Instrument Transformer Co./Hubbell Power Systems, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1 Andrews Way MO Cuba 65453 Wendy Nye 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (573) 885-2543 wnye@hubbell com (573) 885-2521 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Manufacturing plant-instrument current transformers Cuba, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: 110 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 02/27/20 & 02/28/20 3:30-5:30pm (27th) & 6:00-7:00pm (28th) Training room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Philip Meyer Local Union No. 2, International Brotherhood of Electrical Workers 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Electrical Workers 12g. E-Mail Address Phil Meyer@ibew.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (417) 689-2837 (314) 645-2228 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Amanda Hansen Attorney Schuchat, Cook & Werner 1221 Locust Street, Suite 250 MO St. Louis 63103-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address akh@schuchatcw.com (314) 479-3399 (314) 621-2378 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Amanda K. Hansen Attorney 02/4/2020 11:40:44 Amanda Hansen

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

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#### Attachment

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	

## Employees Included

All Full Time and Regular Part Time production, maintenance, janitorial and shipping employees employed by the Employer at its facility in Cuba, Missouri

## **Employees Excluded**

Office clerical, professional employees, supervisors, guards as defined by the Act

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
14-RC-255756	2-5-20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: AMC University Place 8 1370 E. Main Street, Carbondale, IL 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Ann Seiler, General Manager same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 618-529-5156 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Movie Theater Entertainment 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full and part time employees, including Crew, Crew Leads and Bartenders 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 

Yes No security guards and supervisors, as defined by the Act Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) n/a and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c, Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Tuesday, 2/18/20 4:00pm to 6:00pm crewroom 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Local 881 United Food and Commercial Workers #1 Sunset Hills Executive Dr., Ste. 102, Edwardsville, IL 62025 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers International Union, AFL-CIO, CLC 12d. Tel. No. 12e. Cell No. 12g. E-Mail Address 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Joseph C. Torres, Attorney 221 N. Lasalle Street, Ste. 1550, Chicago, IL 60601 13d. Cell No. 13f. E-Mail Address 13c Tel No. 13e. Fax No. 312-641-2910 312-641-0781 Joe@Karmellawfirm.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Wesley Tartt Union Representative 2/3/20

## NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 14-RC-255781 Date Filed February 5, 2020

			100000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
INSTRUCTIONS: Unless	-Filed using the Agend	cy's website, w	ww.nlrb.gov, submit a	n original of this F	etition to a	n NLRB office in the Region		
in which the employer co	ncerned is located. Th	e petition must	be accompanied by	both a showing of	interest (se	e 6b below) and a certificate		
of service showing service	e on the employer and	all other partie	s named in the petition	on of: (1) the petition	on; (2) State	ement of Position form		
with the NLRB and should	Description of Repres	entation Case I	Procedures (Form NL	RB 4812). The sho	wing of in	lerest should only be filed		
1. PURPOSE OF THIS PETITIO	ON: RC-CERTIFICATION O	EREPRESENTATI	y other party.	of emologees wish to t	o represente	d for numbers of collection		
bargaining by Petitioner and	Pelitioner desires to be certifulation Relations Board pro-	lied as representativ	re of the employees. The	Petitioner alleges that	the followin	g circumstances exist and		
2a. Name of Employer		2b. Ad	dress(es) of Establishmen	(s) involved (Street and	d number, city	, Slate, ZIP code)		
Progress Rail Services	Contract to the contract of th	3901	Missouri Avenue,		L 62207			
3s. Employer Representative			3b. Address (If same as	s 2b - state same)				
Auden Hinojosa, Plant	3d. Cell No.	SAME '3e, Fax No.   3f, E-Mail Address						
(618) 875-7544	(508) 380-	(508) 380-4248						
4a. Type of Establishmeni (Factory, mine, wholesaler, etc.) 4b. Principal pro Factory Railroad Pa						5a. City and State where unli is located: East St. Louis, IL		
5b. Description of Unit Involve	d ,		***		_	6a. No. of Employees in Unit		
Included: All full-time and regu	lar part-lime Production and	Maintenance empl	oyees employed by the en	nployer at their 3901 Mi	ssouri Ave.	25		
East St Louis, It fac Excluded: All other employee supervisors, as de	illy. as including engineers, office fined by the Act, as amende	clerical employees	, professional employees,	managedal employees,	guards and	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Patitioner? Yes / No		
Check One: / 7a. Re	quest for recognition as Bar	galning Representa	tive was made on (Date)	and	Employer dec	lined recognition on or about		
H -		(If no reply received	d, so state). Petition to					
Ba. Name of Recognized or Co			8b. Address	cerancedori andor and A	teti.			
None	2 2 1 7 12 12 12 14 1 12 12 V	AND PARTY						
'8c. Tel No.	Tel No. Bd Cell No.		88. Fax No		8f. E-Mail Address			
-8g. Affiliation, if any						xpiration Date of Current or Most Recent ract, if any (Month, Day, Year)		
9. is there now a strike or picket	ng at the Employer's establis	shment(s) involved	NO_If so, approx	Imately how many emp	loyees are pa	rticipaling?		
(Name of labor organization)		, has pick	eted the Employer since (	Month, Day, Year)				
10. Organizations or individuals known to have a representative					sentatives an	d other organizations and Individuals		
10a. Name	10b. Ad	dress	• .	10c. Tel. No.		10d. Cell No.		
				10a. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLS any such election.	r position with respect to	11a. Election Type:  Manual Mall Mixed Manual/Mall						
11b, Election Date(s):		lection Time(s):		11d. Election Locatio	n(s):	Mall Mixed Manual/Mall		
February 26, 2020 3:00 PM - 5:00 PM - 12e. Full Name of Petitioner (Including local name and number)				Lunch Room 12b. Address (street and number, city, state, and ZIP code)				
District Lodge 8, Internation	al Association of Machi		113 Republic Avenue, Ste. 100, Joliet, IL 60435					
12c. Full name of national or Inte International Association of	Machinists & Aerospace		:10					
120, Tel No. 815-280-6400	12e. Gell No. 815-214-4587	121. Fex No. 815-280-6345	w	129. E-Mail Ad Ilepinske@i				
13. Representative of the Petit					34.3			
13s. Name and Title William J.	Lepinske, Grand Lodge	Representative	13b. Address (street and 113 Republic Aven	ue. Ste. 100, Jolie	t. IL 60435			
13c. Tel No.			13e, Fax No. 13f. E-Mall A 815-280-6345 wispinske@					
815-280-6400 I declare that I have read the a	bove polition and that the				in him in to a	Million.o.3		
The state of the s	Sighalu/o	<b>Z</b>	Tille	200000000000000000000000000000000000000	Date	-		
Name (Print) William J. LePinske	A JIK 10	522	Grand Lodge Repres	entative	February	5, 2020		
Tringill Grigor Bland	- CHARACK	TOTAL CAN DE D	THE PARTY OF THE LINE	MADDICONIMENT (I) S	CODE TITI	E IN SECTION 1001)		

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or hitigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to Invoke its processes.

FORM VLRB-502 (RC) (2-18)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD DC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Dala Filed
14-RC-255837	2/6/2020

	RC PETI	TION		14-RC-2	55837		2/6/2020		
employer concerned is for the employer and all other	Filed using the Agency's web- ated. The polition must be acc parties ramed in the polition RB 4812). The showing of into	compenied by both a	showing of Intere 2) Statement of Po-	st (see 8b below) an sition form (Form NI	d a certifical RB-505); an	te of service show d (3) Description	ving service on of Representation		
bargaining by Politioner p	TION: RC-CERTIFICATION OF and Pelilioner dealers to be certifical Labor Relations Board proc	ed as representative of	of the employees Ti	he Petitioner alleges	that the foll	owing circumsta	nces exist and		
22 Name of Employer. Luxfer Graphic Arts	1001 Colleg	2b, Address(as) of Establishment(s) Involved (Street and number City, State, ZiP code): 1001 College Street Madison, IL 62060							
Ja. Employer Representative Peter Globoris Vice President and Ge	3b. Address (if a same as 2b	3b. Address (if same as 2b - state same) same as 2b							
3c. Tel. No 518-452-5190	3d Cell No.	3c. Fax	No.	3f, E-Mail	3f, E-Mail Address				
4a. Type of Establishment (F Graphic arts/Magnesium 5b. Description of Unit Invo	4b Pi	4b. Principal Product or Service			5a. City and State where unit is located; MadiSon IllinoiS  6a. Number of Employees in Unit:				
Included:		e employees			approx				
Full time and Part time Production and Maintenance employ Excluded:						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? × Yes 1th			
on or about	t for recognition as Bargarning R (Cate) er is currently recognized as Bar	(If no reply received,	so state)		nd Employer	declined recognition			
8a. Name of Recognized or none	Cortified Bargaining Agent (If	none, so state) 85	Address						
8c. Tel. No.	8d. Cell No.	Se. Fax	Se. Fax No.			8f, E-Mail Address			
8g. Affiliation, if any:			of Recognition or Ce		lion Bi Expiration Date of Current or Most Recent Contract. If any (Month, Day, Year)				
<ol> <li>Is there now a strike or pict (Name of Labor Organization)</li> </ol>	keting at the Employer's establis	hmeni(s) involved?	W 50, 8	pproximately how ma		s are participating er ainco (Month, D			
10. Organizations or individus	als other than Petiticaer and the a representative interest in any	se named in Items 8 a		aimed recognition as	representativ				
10a, Name	55			No.	10d. Cell No.				
					No	10/ E-Mai Address			
11. Election Details: if the N manual	LRB conducts and election in th	is matter, state your p	osition with respect	to any such election:		_	Mixed Manual/Mail		
within 28 days	uacu alles shift chan		1-	The second second	t 1d. Election Location(s):				
12a. Full Name of Pattioner United Sleet, Paper, at	(including local name and num and Forestry, Rubber, Mar ervice Workers Internation	bed: nufacturing, Energ	gy 10 Central I	ndustrial Drive	ly, Stote and		-		
12c. Full name of retional or AFL-CIO-CLC	international labor organization of	of which Petilipher is a	an affaiale by constit	uent (il none, so state	ı):	*	120		
12d. Tel. No.									
518-452-1130	618-972-8610		52-5366		gra.waug				
Representative of the Pelitioner who will accept service of 13s. Name and Title:     Jason Chism		136. Ac 10 Ce	13b. Address (street and number, city, State 10 Central Industrial Drive						
Staff Representative United Steelworkers 3c. Tel. No.   13d. Cell No.			Suite 4 Granite City, IL 6204		113f, E-Meil Address				
618-452-1130	618-972-8610		52-5366	- COS-07	ichism@usw				
	a above petition and that the t		the best of my ki						
Name (Print) Jason Chism	510	L'CQ:	dha.	Title SI	aff Represe	entative	2-5-20		
		T. W. P. LEWIS CO.	- 200	_	10.00				

WILLFUL FALSE STATEMENTS ON THE ETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1931)
PRIVACY ACT STATEMENT

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
14-RC-256887	February 25, 2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7707 E Central Ave 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2700 East 4th Ave KS Hutchinson 67501 Scott Rigg 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address scott.rigg@dillonstores com (620) 669-3387 (620) 966-4303 (620) 669-3167 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Retail (Grocery) Grocery Wichita, KS 5b. Description of Unit Involved 6a. No. of Employees in Unit: 9 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 6, 2020 Training room in the break area at this Dillons location. 11am-5pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 3951 N Woodlawn Ct 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
United Food and Commercial Workers International Union 12g. E-Mail Address mcecena@ufcw.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (323) 203-6042 (316) 941-4582 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Amanda Jaret Assistant General Counsel UFCW International Union 1775 K St NW DC Washington 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address (202) 466-1521 (202) 417-5665 aiaret@ufcw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date International Representative Maricruz Cecena 02/24/2020 13:34:51 Maricruz Cecena

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### PRIVACY ACT STATEMENT

#### Attachment

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				

### **Employees Included**

All bistro employees in a self-determination election to determine whether they will be represented by the petitioner and join the existing meat, seafood, and deli bargaining unit represented by petitioner. (Armour Globe election)

### **Employees Excluded**

All other department employees, guards, managers, and supervisors as defined by the act.

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### RD PETITION

Case No. Date Filed February 14, 2020

located. The petition must be	accompanied by both a showing	ng of interest (see 6b be	elow) and a certificate	of service showing se	ervice on the e	in which the employer concerned is employer and all other parties named form NLRB 4812). The showing of	
interest should only be filed w	rith the NLRB and should <u>not</u> b	e served on the employ	er or any other party.		Carl Control of		
recognized bargaining repr	FION: RD- DECERTIFICATION esentative is no longer their rep oceed under its proper autho	resentative. The Petition	oner alleges that the	e following circumsta		ert that the certified or currently nd requests that the National	
2a. Name of Employer Midwest Air Traffic Control Ser	WAS COLUMN TO THE PARTY OF THE		t(s) involved (Street ar	nd number, city	y, State, ZIP code)		
3a. Employer Representativ	e – Name and Title	3b.	. Address (If same as	s 2b – state same)			
Andrew Groth Director of Nor h	American Operations		300 W. 129th Street S Overland Park 66213				
3c. Tel. No. (913) 787-2085	3d. Cell No.		. Fax No.		3f. E-Mail Add andy.groth@n	tress nidwestatcs.com	
4a. Type of Establishment (Fa	ctory, mine, wholesaler, etc )	4b. Principal product of	or service	J. T	5a. City	and State where unit is located:	
Serv	ices	Α	Air Traffic Control Serv	vices		Murphysboro. IL	
5b. Description of Unit Invol	ved Page 2 for additional details	6				6a. No. of Employees in Unit: 5	
						6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be	
Excluded: See Attached	Page 2 for additional details	1				represented by the cer ified or currently recognized bargaining representative? Yes	
Check One: 7a. I	Request for recognition as Barg	aining Representative v	vas made on (Date)	and	Employer ded	clined recognition on or about	
		If no reply received, so					
7b.	Petitioner is curren ly recognize			certification under the	Act.		
8a. Name of Recognized or PATCO Gerald Tuso National			8b. Address	PO Box 1838 FL Perry 32348			
8c. Tel No.	8d Cell No.		. Fax No.	8f. E-Mail Add FPD@comca	st.net		
8g. Affiliation, if any FPD/AFSCME		8h. C				Expiration Date of Current or Most Recent ntract, if any (Month, Day, Year) 09/30/2010	
9. Is there now a strike or pick	eting at the Employer's establis	hment(s) involved? N		rimately how many em	plovees are pa		
(Name of labor organization			the Employer since (I		113/242/21/21/21		
10. Organizations or individua		ems 8 and 9, which have	e claimed recognition	as representatives and	d other organia	zations and individuals known to	
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.	
				10e, Fax No.		10f. E-Mail Address	
any such election. 11b. Election Date(s):		s matter, state your pos ection Time(s):	ition with respect to	11d. Election Location	on(s):	Mail Mixed Manual/Mail	
as soon as practical	Open					L. 62966. Meeting room	
12a. Full Name of Petitioner				(b	(6), (b)	city, state, and ZIP code)  7)(C)	
	nternational labor organization of				O B		
12d. Tel No. 12e. Cell No. 12f. Fax No. (b) (6), (b) (7)(C)					12g. E-Mail A (b) (6), (b) (		
13. Representative of the Pe 13a. Name and Title	titioner who will accept servi	Section 1 to 1		sentation proceeding d number, city, state, a			
13c. Tel No.	13d. Cell No.	136	e. Fax No.		13f. E-Mail Ad	ddress	
I declare that I have read the	above petition and that the s	statements are true to	the best of my know	vledge and belief.			
Name (Print)	Signature	Titl	le		Date	and the second	
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)				02/14/2020	0 07:43:17	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

### Attachment

Employees Included
All Full Time Line Air Traffic Controllers

Employees Excluded All Maintenance, Supervisors, Manager

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				

Francis J Martorana

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Cara Na	
Case No.	
15 DC 757052	
Case No. 15-RC-257053	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

Date Filed February 27, 2020

02/26/2020 16:27:29

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3050 Knolin Drive Ste 6 LA Bossier City 71112-3b. Address (If same as 2b – state same) Oswalt's Sewer Rooter & Plumbing Repair, LLC 3a. Employer Representative - Name and Title Brandon Oswalt 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. (318) 453-5108 (318) 453-2032 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction Services plumbing services Bossier City, LA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30%) or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [ ] No [ ] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/25/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b Address 10c, Tel. No. 10d. Cell No. 10a Name 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: 1 Manual Mail Mail Mixed Manual/Mail any such election 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): March 19, 2020 7:30 to 8:00 a.m. 3050 Knolin Drive, Bossier City, LA 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 7111 W. Bert Kouns Industrial Loop LA Shreveport 71129-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Association of Journeymen and Apprentices of the Plumbing & Pipe Fitting Industry of the United States and Canada 12g. E-Mail Address lu141or@uanet.org 12e. Cell No. 12f Fax No (318) 671-1179 (318) 671-1175 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 5301 Wisconsin Ave., NW Suite 800 DC Washington 20015-Francis J Martorana Attorney O'Donoghue & O'Donoghue LLP 13f. E-Mail Address fmartorana@odonoghuelaw.com 13d. Cell No. 13e. Fax No. 13c. Tel No. (202) 362-2640 (202) 669-0783 (202) 362-0041 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title Signature Name (Print)

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attorney

Francis J. Martorana

ORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RCPETITION

DO NOT WRITE IN THIS SPACE						
Case No	Date Filed					
15-RC-257099	February 27, 2020					

1101 -				15-RC-	25/099	FE	ebruary 27, 2020	
INSTRUCTIONS: Unless e-File in which the employer concern certificate of service showing s Position form (Form NLRB-50: should only be filed with the NL	ed is located. The service on the en 5); and (3) Descri	e petition mus aployer and ai iption of Repre	it be acco Il other pa esentation	ompanied by arties named a Case Proce	both a showing of in the petition of dures (Form NLF	of interest ( : (1) the pe	see 6b below) and a tition; (2) Statement of	
PURPOSE OF THIS PETITIONRO-CO     bargaining by Petitioner and Petitioner d     National Labor Relations Board process	ERT1FICATION OF esires to be certified as	REPRESENTATI representative of th	VE - A subs	tantial number of	of employees wish to alleges that the follow	be representing circumstan	ed for purposes of collective ces exist and requests that the	
2a. Name of Employer DYNCORP INTERNATION	ONAL, LLC				s) involved (street and CKMOM RD.,		state, zip code) SIA, AL 36421	
3a. Employer Representative - Name MARTY COOPER	e and Title	14.	3b, Pare	ont Company Add	dress (If same as 2b -	state same)	VA 22102	
3c.Tel. No. 334-343-5865	3d. Cell No.		3e, Fax				COOPER@DYN-INTL.COM	
4a. Type of Establishment (Factory, min AIRCRAFT MAINTENANC	일기 등급하다 하는 사람들이 살아 있다면 하다 하네요	Ab. Principal pr	CRAFT	MAINTENAI	NCE/ SERVICE		and State where unit is located: ADALUSIA, AL	
5b. Description of Unit Involved Included:						+	6a, No. of Employees in Unit:	
ALL FULL AND REGULAR PAR MAINTENANCE TECHS TO US N Excluded: OFFICE CLERICAL EMPLOYEES, F AS DEFINED IN THE ACT.	AVY AIRCRAFT	AND AIRCRAF	T COMP	ONENTS IN A	NDALUSIA, AL.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
	ate) (if no reply receiv ly recognized as Barg	ed, so state). paining Representa		* 5747		inition and En	nployer declined recognition on or	
Bc. Tel. No. N/A	Bd. Cell No. N/A		8e, Fax N/A			Bf, E-Mail Ad N/A	dress	
8g. Affiliation, if any N/A			8h. Date	of Recognition or	or Certification 81, Expiration Date of Current or Most Recent Contract, if any (Month, Day. Year)  N/A			
Is there now a strike or picketing at the (Name of labor organization)		hment(s) Involved the Employer since			oximately how many		e participating?	
<ol> <li>Organizations or individuals other the known to have a representative interest</li> </ol>						sentatives and	other organizations and individuals	
10a. Name	10b. Ad	dress			10c. Tel. No. N/A		10d, Cell No. N/A	
N/A	N/	Α			10e. Fax No.		10f. E-Mail Address N/A	
11. Election Details: If the NLRB conducts any such election.	an election in this ma	tter, state your po	sition with re	spect to	11a. Election Ty Manual	pe: Mail	Mixed Manual/Meil	
11b. Election Date(s): MARCH 24, 2020	1740 000 1840 184	ection Time(s): 9:00 AM - 1	0:00 AN	1	11d. Election Loca HANGAR	tion(s): 2 BREAK	ROOM	
12 a, Full Name of Petitioner (including local IAMAW, AFL-CIO	Section 9		12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011					
12c. Full name of national or Internation INTERNATIONAL ASSO						-CIO		
12d. Tel. No. 12e. Cell No. 12f. F 817-505-0100 8				7-459-0107		12g. E-Mail	Address	
Representative of the Petitioner who will a     Name and Titio	accept service of all paper	ers for purposes of the			ber, city, state, and ZIP co	dol		
JAMES R. LITTLE - GRAND LODGE	SPECIAL REPRES	ENTATIVE					IGTON, TX 76011	
13c. Tel. No. 817-505-0100	13d. Cell No. 682-401-783		13e. Fa		R BLVD, SUITE 580, ARLINGTON, TX 76011  13d. E-Mail Address  JLITTLE@IAMAW.ORG			
I declare that I have read the above Petition								
Name (Print)  Signature  JAMES R. LITTLE  Signature  Little				Title GRAND LO	ODGE REPRESENTATIVE DATE 02/27/2020			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

02/18/2020

FORM NLRB-502 (RD) (2-18) UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Cese No.	Date Filed				
15-RD-256450	2/18/2020				

(2-19)	NATIONAL	RD PETITION	IS BOARD	,	- 1	15-RD-2564	50	2/18/2020	
INSTRUCTIONS: Unless e-Fil employer concerned is locat the employer and all other ps Case Procedures (Form NLR)	ed. The petition raies named in	n must be accomp. the petition of:(1):	anled by both a the petition: (2)	showing of i	nterest (see 7 f Position form	below) and a certi-	ficate of service s	thowing service on	
PURPOSE OF THIS PETITIO recognized bargarning representations Board procured	entative is no los	nger meir representa	tive. The Petitio	ner alleges t	hat the follow	ing circumstances	exist and reques	o certified or currently to that the National	
2a. Name of Employer Calumet Packaging,LLC			nem(s) involve	d (Street and number 71115	ar, city, state, ZIP o	ode)			
36. Employer Representative - Name and Tale Adrien Lewis Plant Manager Same									
3c, Tel. No. (318)795-3800 ext 2138	3d. Fax No. (318)795-3	1822	3e. Cell No. (318)364-99	66		Address	packaging.com	n	
4a Type of Establishment (Factor Packaging	ry, mine, whole	saler, etc.)			4b. Princ	pal product or servi	Се		
5a: Description of Unit Involved	1				4.300		27.772.77	and State where unit	
Included: Hourly employess included: Excluded: Office Clericals, Supervise			olending,lab,i	nventory,	quality and	warehouse	ls loc		
8. No. of Employees in Unit 50	7, Do :	s substantial numbe	r (30% or more) o	of the employ	ees in the unit	no longer wish to be	represented by th	e-certified or currently	
8a. Name of Recognized or Certifolds D. Broussard			10	9,55		8b. Affiliation, if a United Steel	Workers, Local	13-245-02	
Bc. Address 333 Savannah Trace		1 .		8d. Tel. (225)2	No. 91-8226	Be. Cell No. (615)585-09	76		
Ruston,LA 71270				8f. Fax f (225)4	No. 450-2520 (b) (6), (b) (7)(C)				
Date of Recognition or Certific 02-15-2019	ation		n/a.	ate of Curren	nt or Most Rece	ent Contract; if any (			
1 ta. Is there now a strike or pick	ating at the Emp	oloyers establishme	nt(s) involved?	Yes X	No . 110. If. 80	o, approximately how	many employees	are participating?	
11c. The Employer has been pick	keted by or on b	ehalf of (Insert Ner	ne)	-		7,111		a labor organization; of	
(Insert Address)		4		4	256		ince (Month, Day,	Year)	
12. Organizations or individuals of and individuals known to have	ther those name	ed in items 8 and 11	c, which have cla	nimed recogn	ition as represe	entatives and other o	organizations		
12a. Name	12b. Ad	dress	in process at the or	THE OCCUPANT	12c, Tel.		126, Fax No.		
					1,2c. Cell	No.	12f. E-Mail Add	iress	
13. Election Detalla: If the NLR matter, state your position with	B conducts an e	lection In this			13s, Elec	ction Type: 🔀 Man	val Mail	Mixed Manual/Mail	
13b. Election Date(a) March 2,2020 , March 3,		13c. Election Tir	ne(s) 11 pm-11:30	pm	13d: Elec Wareh	ouse Breakroom	1	, ,	
14. Full Name of Politioner (b) (6), (b) (7)(C)				FG.					
(b) (6), (b) (7)(C)	r. city, state. ZIF	code)			145, Tel.		14c. Fax No.		
(b) (0), (b) (1)(0)	4				(b) (6), (b) (7)(C)		A F Helica		
		- 0			(b) (6), (	(b) (7)(C)	(b) (6), (b	) (7)(C)	
14f. Affliation, if any		4	- 17 - 17			0.7	×		
15. Representative of the Petiti 15a. Name	oner who will a	ccept service of al	papers for pur	poses of the	15b.Title				
15c. Address (Street and number	city, state, ZIP	code)		-	15d. Tel,	No.	15e, Fax No.	-	
	F				16f. Cell	No .	15g. E-Mail Ad	dresa	
I declare that I have read the at	love natition of	of that the state	under trapp design &+ 40	ha hart -		-	1		
b) (6), (b) (7)(C)	The position as	b) (6), (b) (7)	(C)	ne pest of m	(b) (6)	), (b) (7)(C)		Data Filad	
				A Company	4			4101/6/0	

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RM PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
15-RM-256506	February 18, 2020						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

organization has made a d	emand for rec	ognition on the em	ployer or th	at the employ	er h	as good fail	th uncertain	nty about majority support for ar
existing representative. H	owever, if the	evidence reveals th	e names ar	nd/or number	of e	mployees w	ho no long	er wish to be represented, the
evidence shall not be serv	ed on any par	tv.						
<ol> <li>PURPOSE OF THIS PETITIO Employer/Petitioner to be reco support for an existing represe</li> </ol>	N: RM-CERTIFIC gnized as the rep ntative. If a chan titioner alleges	CATION OF REPRESEN resentative of employees ge under Section 8(b)(7) that the following circu	s of the Emplo of the Act has mstances exi	yer/Petitioner or been filed involv	the E	mployer/Petitions	oner has a goo	presented a claim to the od faith uncertainty about majority and in this petition, this statement shall ans Board proceed under its proper
2a. Name of Employer/Petitione				of Establishmen	t(s) in	volved (Street	and number	city, State, ZIP code)
Atchley Mechanical, Inc.			3100 Whee AR Fort Sm	ler Avenue			and nationi,	sty, 51210, 211 6000)
3a. Employer/Petitioner Repres Michael Atchley Owner	entative – Name	and Title	3b. Add	dress (If same as 00 Wheeler Avenue Fort Smith 72901	2b -	state same)		
3c. Tel. No. (479) 785-1111	3d, C	ell No.	3e. Fax				3f, E-Mail / mike@atch	171,24 7 2 7
4a. Type of Establishment (Factor	ry, mine, wholesa	ler, etc.)	4b, Principa	al product or servi	ice		1	
Services	and the second		*22.0 · 0 · 0 · 0 · 0 · 0	air mechanical ed		ent		
5a. Description of Unit Involved								5b. City and State where unit is
Included: See Attached Page 210	or additional details							located: Fort Smith, AR
Excluded: See Attached Page 210	r additional details							6. No. of Employees in Unit
	ade a demand for er has a good faiti	recognition on the Empl	oyer/Petitlone	r on (Date)	6.55		o if any	•
UA Local 155	guilling Agent	maric Jinny Brewer					petitiers, Local Unix	on 155
8c. Address				8d, Tel	No.			Se. Cell No.
1223 West Markham Street				(501) 3	374-49	943		
AR Little Rock 72201				8f, Fax (501) 3	ax No. 0) 374-6349			Dualss.org
Date of Recognition or Certifical     06/06/2011	tion		- 5			of Current or N	Most Recent	entract, ir any (Month, Day, Year)
11. Is there now a strike or picketi (Name of labor organization)  12. Organizations or individuals o demanded recognition as represabove. (If nane, so state)	ther than those n	has amed in item 8, which ha	picketed the E	mployer since (N	nonth,	, Day, Year) _	sent employe	es of the Employer/Petitioner or ses in the unit described in item 5
12a. Name and affiliation if any		12b. Address			120	. Tel No.		12d. Cell No.
					12e. Fax No.			12f. E-Mail Address
13. Election Details: If the NLRE any such election.	conducts an ele	ction in this matter, state	your position	with respect to	13a	Election Type	e: 🔃 Manua	Mail Mixed Manual/Mail
13b. Election Date(s): 13c. Election Time(s): 2					13d. Election Location(s): 3100 Wheeler Avenue, Fort Smith, AR 72901 and Northwest Arkansas			
14. Representative of the Emplo 14a. Name and Title Joseph F. Gliker Gliker and Jones, P.A.		no will accept service	14b. Ad 9222 N	for purposes of Idress (street and North Highway 71 Juntainburg 7294	the r	epresentation	proceeding.	
14c. Tel No. (479) 369-4294		Cell No.	14e. Fax No. 14f. E-Mail Adgilkerlaw@aol.					
I declare that I have read the ab	ove petition and	that the statements are	e true to the l	best of my know	ledg	e and belief.		
Name (Print) Joseph F. Gilker	Signature Joseph F		Title		Ť		Date	770 15-09-05
terspirit Sinus	- Joseph F	, Ome	10227		_		02/14/20	020 15:09:06

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Attachment

Employees Included All service workers

**Employees Excluded** none

00	NOT	MIDITE	IN THIS	COACE
UU	NOI	WRITE	IN THIS	SPALE

Case 15-RM-256506

Date Filed February 18, 2020

ORM NLRB-502 (RC)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

**RC PETITION** 

DO NOT WRITE IN THIS SPACE

Case No 16-RC-255832 <sup>Date</sup>/6/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation

Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 740 Avenue H Sheppard AFB, TX 76311 Moonstone LLC Barbershop 220 Community Center Dr Sheppard AFB, TX 76311 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same) Moon Stone- Owner Same Jonathan Mendez- Co-owner/General Manager Taransportation Central Divisionell No. 1-907-888-2009 3f. E-Mail Address gaelthaiz@icloud.com 3e. Fax No. 2993oiwr44umo@hpeprint.com 1-325-301-0123 4a Type of Establishment (Factory mine wholesaler etc.) 4b Principal Product or Service 5a. City and State where unit is located: Haircare Wichita Falls, TX Barbershop 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full time and regular part time barbers and shop managers employed at these facilities. Excluded: All other employees, general/region manager, office clerical, and supervisors as defined 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Peti ioner? X  $\begin{array}{c} \text{Check One:} \quad & \text{ } \\ & \text{ }$ and Employer declined recognition 2/05/2020 ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g Affiliation if any 8h Date of Recognition or Certification 8i Expiration Date of Current or Most Recent Contract if any (Month Day Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved?  $N_{O}$ If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: f the NLRB conducts and election in this matter state your position with respect to any such election 11a. Election Type: Manual Mail Mixed Manual/Mail 11d Election Location(s) Main Shop- 220 Com-11b Election Date(s) 11c Election Time(s) munity Center Dr Sheppard AFB, TX 2/19/2020 12PM-2PM 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Local 540 17780 Preston Rd Dallas, TX 75252 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none so state): United Food & Commercial Workers International Union AFL-CIO, CLC 12e. Cell No. 214-519-3709 12f. Fax No. 214-327-6614 12d. Tel. No. 12g. E-Mail Address 214-328-3515 Gonzalo@ufcw540.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b Address (street and number city State and ZIP code): Gonzalo Reyes- Organizing Director 17780 Preston Rd. Dallas, TX 75252 13e. Fax No. 214-327-6614 13f. E-Mail Address 13d. Cell No. 13c. Tel. No. 214-328-3515 214-519-3709 Gonzalo@ufcw540.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Gonzalo Reyes Date Signature 🗸 **Organizing Director** 2/05/2020

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
<sup>Case No</sup> 16-RC-256920	Date Filed 2/25/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6322 North FM 56 TX Glen Rose 76043 Day & Zimmerman 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 6322 North FM 56 TX Glen Rose 76043 Kevin Crabtree 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (254) 897-5878 kevin.crabtree@luminant.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Energy Industry Group** Plant Maintenance Glen Rose, TX 5b. Description of Unit Involved 6a. No. of Employees in Unit: 63 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 03/11/2020 4:00 pm to 5:00 pm Building 32G Comanche Peak Site 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Phyllis Goines International Brotherhood of Electrical Workers Local 220 2804 SE Loop 820 TX Fort Worth 76140 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Electrical Workers, AFL-CIO, CLC 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. (817) 551-3736 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Michael A Murphy Counsel International Brotherhood of Electrical Workers, Local 220 NE 17 Lake Cherokee TX longview 75603-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address michael murphy@ibew.org (512) 920-4114 (512) 920-4114 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Michael A Murphy Counsel 02/25/2020 13:12:23 Michael A Murphy

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### PRIVACY ACT STATEMENT

### ATTACHMENT A

**Included:** All full time and regular part time employees employed by the employer at Comanche Peak in the following departments: Decon, Electrical, Insulator/Scaffold, Lake, Mechanic, Mechanical, Operations, Paint, Radiation Detection, Scaffold, Site Facilities, and Utility.

**Excluded:** All other employees, including office, clerical, Document Control Center, Mailroom, Planning, Guards, and Supervisors within the meaning of the National Labor Relations Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
16-RC-256972	2/26/20			

1101			10 110	~	0512	(4)	,	7070	
INSTRUCTIONS: Unless e-Filed us	ing the Agend	y's website, <u>w</u>	ww.nlrb.gov, submi	it an	original of this	Petition to	an NL	RB office in the Regi	on
in which the employer concerned i	s located. Th	e petition must	be accompanied b	y bo	oth a showing o	f interest (	see 6b	below) and a certific	ate
of service showing service on the	employer and	all other partie	s named in the peti	ition	of: (1) the petit	tion; (2) St	atemen	t of Position form	
(Form NLRB-505); and (3) Descript				VLR!	B 4812). The st	nowing of	interest	should only be filed	
with the NLRB and should not be s	erved on the	employer or an	y other party.			ha caacaaa	tod for m	umasas of collective	
bargaining by Petitioner and Petitioner de	sires to be certif	ied as representativ	ve of the employees. Th	he Pe	etitioner alleges th	at the follow	ving circ	umstances exist and	
requests that the National Labor Relat 2a. Name of Employer	ions Board proc	2b. Ac	dress(es) of Establishme	ent(s	s) involved (Street a	and number, o	city, State	e, ZIP code)	_
Johnson Controls, Inc.			FM 1346, San Anti						
3a. Employer Representative - Name and	Title		3b. Address (If same						
Gwen Gaal, Plant Manager	N. Salara		same as above						
3c. Tel. No. 210-622-5700	3d. Cell No.		3e. Fax No.			3f. E-Mail A	ddress		
4a. Type of Establishment (Factory, mine, w	polesaler etc l	4b. Principal pro	duct or service	8-345		I 5a Ci	ty and Si	tate where unit is located:	
Factory	molesaler, etc.)	HVAC Chiller						o, Texas	
5b. Description of Unit Involved								No. of Employees in Unit:	- 1
Included: All production and	maintena	nce emplo	vees employe	d h	w the Empl	over	118		
	maintene	ince emplo	yees employed	u b	y are Empire	oyor.		Do a substantial number (3 nore) of the employees in the	
All other employees,	office cleri	cals quards	and supervisor	rs. a	as defined in	the Act.		wish to be represented by	
All other employees,	Omoc olon	odio, gadrao	, and capervicer	٠, ٠	ao aomitoa m		Petit	tioner? Yes 🗸 No	
Check One: 7a. Request for re			itive was made on (Date	)	an	d Employer o	leclined r	ecognition on or about	
		(If no reply receive				202			
8a. Name of Recognized or Certified Barg			epresentative and desire 8b. Address		entification under the	Act.			_
None	Janning Agent (A	mone, so state).	Ub. Address						
8c. Tel No.	8d Cell No.		8e. Fax No.			8f. E-Mail A	ddress		
					2 1/6 - 1/-	0: F!!	- Deta e		
8g. Affiliation, if any			8h. Date of Recognition	or C	Certification			f Current or Most Recent orth, Day, Year)	
		*			THE PARTY OF THE P	e e e e e e e e e e e e e e e e e e e			
9. Is there now a strike or picketing at the El	mployer's establis	shment(s) involved	? no If so, appr	roxim	nately how many en	nployees are	participa	iting?	
(Name of labor organization)		. , has pick	keted the Employer since	e (Mo	onth, Day, Year)				
10. Organizations or individuals other than I	etitioner and tho	se named in items	8 and 9, which have cla	imed	recognition as rep	resentatives	and othe	r organizations and individ	uals
known to have a representative interest in a	ny employees in	the unit described	in item 5b above. (If nor	ne, s	o state)				
10- N	10b. Ad	denes		т	10c. Tel. No.		100	d. Cell No.	
10a. Name	. 100. Ad	diess			100. 161. 110.		10	u. 00#110.	
none				r	10e. Fax No.		101	f. E-Mail Address	
				_					
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	an election in th	is matter, state you	ir position with respect to	٥	11a. Election Type:	: _ / Manua	1	ail Mixed Manual/Ma	at
11b. Election Date(s):	25.000 (20.000)	lection Time(s):		100	11d. Election Local		raenere		
Thursday, March 26, 2020		m. to 5:30 p.m.			Main lunch room in			tota and 7(D code)	-
12a. Full Name of Petitioner (including to SMART-Southwest Gulf Coast Regional C		umber)			12b. Address (stree				
12c. Full name of national or international la		of which Petitioner	is an affiliate or constitu	-		,			
International Association of Sheet Metal, A	ir, Rail & Transp	oortation Workers,							-
12d. Tel No.	12e. Cell No.		12f. Fax No.			12g. E-Mail bkenyon@s			
210-202-3335  13. Representative of the Petitioner who	will accent serv	ice of all nanors fo	or nurnoses of the repr	resei	ntation proceeding		illait-sw	gara.org	
			13b. Address (street a				-1		
13a. Name and Title Patrick M. F	lynn, Atto	rney	1225 North Loop West, S				,		
13c. Tel No.	13d. Cell No.		13e. Fax No.			13f. E-Mail			
713-861-6163			713-961-5566		4	pat@pmfpc	.com		- 1710
I declare that I have read the above petiti	on and that the	statements are tru		owle	edge and belief.		3		
	pature M	71.	Title			Date 2/25/202	20		
Patrick M. Flynn   Fai	NTS ON THIS P	TITION CAN BE	Attorney PUNISHED BY FINE AN	ND IN	APRISONMENT (U.			SECTION 1001)	_
TILLI OL I ALGE GIATEME									

ORM NLRB-502 (RC)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

**RC PETITION** 

DO NOT WRITE IN THIS SPACE Case No

16-RC-257188

Date Filed 2/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation

Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Don Miguel Mexican Food, 9650 Chartwell Drive Dallas, TX 75243 MegaMex- Hormel 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Ryan Gaynor/General Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 214-221-7936 214-221-9165 4a Type of Establishment (Factory mine wholesaler etc.) 4b Principal Product or Service 5a. City and State where unit is located: Produce Mexican food items Dallas, TX Production Facility 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full time and regular part time employees at the facilities, production, line leads, QA's, maintenance, warehouse, shipping and receiving. 500 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Peti ioner? X Excluded: All other employees, part-time empoloyees, guards, office clerical, and supervisors as defined in the act. 2/28/2020 and Employer declined recognition ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g Affiliation if any 8h Date of Recognition or Certification 8i Expiration Date of Current or Most Recent Contract if any (Month Day Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved?  $N_{O}$ If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: f the NLRB conducts and election in this matter state your position with respect to any such election 11a. Election Type: Mixed Manual/Mail 11b Election Date(s) 11c Election Time(s) 11d Election Location(s) 8:00AM- 11:00AM and 5:30PM- 8:30PM Employee breakroom 3/23/2020 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Local 540 17780 Preston Rd Dallas, TX 75252 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none so state): United Food & Commercial Workers International Union AFL-CIO, CLC 12e. Cell No. 214-519-3709 12f. Fax No. 214-327-6614 12d. Tel. No. 12g. E-Mail Address 214-328-3515 Gonzalo@ufcw540.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b Address (street and number city State and ZIP code): Gonzalo Reyes- Organizing Director 17780 Preston Rd. Dallas, TX 75252 13d. Cell No. 13e. Fax No. 214-327-6614 13f. E-Mail Address 13c. Tel. No. 214-328-3515 214-519-3709 Gonzalo@ufcw540.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Gonzalo Reyes Signature 2 Date **Organizing Director** 2/28/2020

WILLFUL FALSE STATEMENTS

FORM NLRB-502 (RC) (4-15)

> UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	18-RC-255876	February 06, 2020		

PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of criployees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) G&K Services Linen Division, d/b/a Cintas 621 Olson Memorial Hwy., Minneapolis, MN 55405 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Dan Paulson same 3c. Tel. No. 3e, Fax No. 3f. E-Mail Address 612-287-6615 612-333-2319 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Industrial Linen Laundry Laundry of linens Minneapolis, MN 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: FT and PT production workers 6b. Do a substantial number (30% or more) of the employees in the Management, Supervisors, Sales and Clerical unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state), 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Chicago and Midwest Regional Joint Board - Workers United 333 S. Ashland Ave., Chicago, IL 60607 8c. Tel No. 8d Cell No. Be, Fax No. 312-738-6100 312-738-9985 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 03/31/2020 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. \_If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10h Address 10c, Tel. No. 10d. Cell No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: / Manual Mail any such election. Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d, Election Location(s). Lunchroom at 621 Olson Memorial Hwy 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Local 150 - Chicago and Midwest Regional Joint Board 333 S. Ashland Ave., Chicago, IL 60607 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Workers United 12d. Tel No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 773-988-2475 312-738-9985 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title David P. Lichtman, Attorney 13b. Address (street and number, city, state, and ZIP code) 8 S. Michigan Avenue, 19th Floor, Chicago, IL 60603 13d, Cell No. 13c, Tel No 13e. Fax No. 13f. E-Mail Address (312) 372-1361 (312) 372-6599 dlichtman@laboradvocates.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date

> CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

02/06/2020

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DBB

Case No. 18-RC-255877 Date Filed

February 06, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be saved on the employer or any other party.

	ld not be served on the en			RB 4612). The Sh	owing of in	terest snoula only be filea	
1. PURPOSE OF THIS PETITI bargaining by Petitioner and	ON: RC-CERTIFICATION OF R Petitioner desires to be certified Labor Relations Board procee	ÉPRÉSENTATI as representati	IVE - A substantial number ve of the employees. The	Petitioner alleges the	at the following	ng circumstances exist and	
2a. Name of Employer G&K Services Industrial	Address to the first terms	2b. Ac	dress(es) of Establishmen N. Washington Av	t(s) involved (Street a	nd number, cit	y, State, ZIP code)	
3a. Employer Representative Dan Farley	- Name and Title		3b. Address (If same as			naceatrologic -re-	
3c. Tel. No. 612-638-2501	3d. Cell No.		3e. Fax No. 612-521-8271		3f. E-Mail Ad	dress	
4a. Type of Establishment (Fac Industrial Laundry	L	4b. Principal pro aundry	duct or service		4 1 2 2 2 2 2	and State where unit is located: apolis, MN	
5b. Description of Unit Invol-						6a. No. of Employees in Unit: 44	
Excluded:	production worker ent, Supervisors, Sal		erical			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes   No	
7b. F	equest for recognition as Bargain (Date) (If etitioner is currently recognized a certified Bargaining Agent (If ne	no reply receive as Bargaining R	ed, so state). epresentative and desires	B		clined recognition on or about	
Chicago and Midwest Reg	onal Joint Board - Workers	United	333 S. Ashlai 8e. Fax No.	nd Ave., Chicago, I	IL 60607 8f. E-Mail Ad	d	
312-738-6100	od Cerrito.		312-738-9985		bi. E-Iviali Au	uress	
8g. Affiliation, if any			8h. Date of Recognition o	. 7		Date of Current or Most Recent ny (Month, Day, Year)	
(Name of labor organization		, has pic	keted the Employer since (		To Consider	articipating?	
known to have a representative	e interest in any employees in the	unit described	in item 5b above. (If none,	, so state)			
10a, Name	10b, Addre	ess		10c, Tel. No.		10d, Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NI any such election.	RB conducts an election in this r	matter, state you	ur position with respect to	11a, Election Type;	✓ Manual	MailMixed Manual/Mail	
11b. Election Date(s):	11c. Elec	tion Time(s):		11d. Election Locati Lunchroom at 2108		on Avenue, Minneapolis, MN 55411	
Local 150 - Chicago and M	<i>including local name and num</i> idwest Regional Joint Board	1		333 S. Ashland A		city, state, and ZIP code) i, IL 60607	
12c. Full name of national or in Workers United	ternational labor organization of	which Petitioner	r is an affiliate or constituer	nt (if none, so state)			
12d. Tel No. 312-738-6100	12e. Cell No. 773-988-2475			1,750,77		E-Mail Address	
13. Representative of the Pe	itioner who will accept service	of all papers f	or purposes of the repres	sentation proceeding	J	and the state of t	
13a. Name and Title David	d P. Lichtman, Atto	orney	13b. Address (street and 8 S. Michigan Avenue, 19th		and ZIP code)		
13c. Tel No. (312) 372-1361	13d. Cell No.		13e. Fax No. (312) 372-6599		13f, E-Mail A dlichtman@la	ddress aboradvocates.com	
I declare that I have read the	above petition and that the sta	itements are tr	ue to the best of my know	vledge and belief.		-	
Name (Print) David P. Lichtman	Signature D	VI)	Title - Attorney		Date 02/06/202	20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Feb 14 2020	
ase No.	
18-RC-256375	Feb. 14, 2020

						10-KC-2	303/3		,
INSTRUCTIONS: Unless e-Filed to employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 48	The petition is named in	must be ac the petition	companied b of: (1) the pe	y both a sh tition; (2) S	owing of interest (see 6) tatement of Position for	b below) and m (Form NLF	a certificate RB-50 <b>5</b> ); and	e of service showing so d (3) Description of Rep	ervice on presentation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Pet     requests that the National Lab	itioner desire	s to be certif	fied as represe	entative of th	e employees. The Petition	oner alleges t	that the follo	owing circumstances e	
2a. Name of Employer:			2b. Add	ress(es) of I	Establishment(s) involved	(Street and r	umber, City,	State, ZIP code):	
Eureka Recycling			282	8 Kenned	dy St. NE, Minnea	apolis MN	155413		
3a. Employer Representative - Na	me and Title	:	3b. Add	lress (if sam	ne as 2b - state same):				
Kris Foner			Sam	ie					
3c. Tel. No.	3d. Cell No	0.		3e. Fax No	).	3f. E-Mail A	ddress		
612-669-2783	612-45	5-9135				krisf@eı	ırekarecyc	ling.org	
4a Type of Establishment (Factory,	mine, whole	esaler, etc.)		4b. Princip	al Product or Service		5a. City an	d State where unit is loca	eted:
Recycling				Recycli	ng		Minnea	polis MN	
5b. Description of Unit Involved:							6a. Numbe	r of Employees in Unit:	
Included:			-				3		
All full-time and regular part-time transfer	Invers employed	d by the employ	erout of its Minno	capolis Minneso	ota tacility				
Excluded: excluding all other employees, office	employees, n	nanagers, guar	ds and supervis	ors as defined	i by the act.		of the e	ubstantial number (30% of memory (30% of memory) and the unit wis ented by the Petitioner?	h to be
Check One: 7a. Request for re		Bargaining	Representativ	e was made	on (Date)	and		declined recognition	
on or about (Date	)		(If no reply re	eceived, so	state).				
7b. Petitioner is c					and desires certification un	nder the Act.			
oa. Name of Recognized of Cerui	ileu bargain	ing Agent (/	i none, so siai	(e)   80. Ad	laress.				
8c. Tel. No.	8d. Cell N	0.		8e. Fax No	).	8f. E-Mail A	ddress		
8g. Affiliation, if any:	1		8	h. Date of R	ecognition or Certification			urrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing	at the Emplo	over's establi	shment(s) inv	olved?	If so, approxima	ately how man	ny employee	s are participating?	
(Name of Labor Organization)		,		-		•		er since (Month, Day, Ye	ar)
10. Organizations or individuals oth individuals known to have a rep					9, which have claimed rec	cognition as re	epresentative		
10a. Name		10b. Addre	ess			10c. Tel. No	0.	10d. Cell No.	
						10e. Fax N		10f. E-Mail Address	
						Tue. Fax N	0.	Tor. E-Mail Address	
11. Election Details: If the NLRB of Requesting expedited election		election in the	his matter, sta	te your posi	tion with respect to any si	uch election:	11a. Electio		d Manual/Mail
11b. Election Date(s):		11c. Election	on Time(s):			11d Flection	on Location(		. wandaninali
02/27/2020		7:00am-					ee Breakro	•	
12a. Full Name of Petitioner (inclu	ding local na				12b. Address (street and				
International Brotherhoo					9422 Ulysses S	-			
12c. Full name of national or international Brotherhood of				ioner is an a	I affiliate or constituent (if n	one, so state	):	_	
12d. Tel. No.	12e. Cell I		_	12f. Fax N	lo.	12g. E-Mai	l Address		
763-267-6120	651-343			763-26		1 -		rslocal120.org	
13. Representative of the Petition			ice of all pan						
13a. Name and Title:			pup		ess (street and number, o				
Paul Slattery-Organizer				1	Jlysses St. NE Blair		,		
13c. Tel. No.	13d. Cell N	No.		13e. Fax N	No.	13f. E Mail	Address		
763-267-6120	651-343			763-26				erslocal 120.org	
declare that I have read the above			statements a						
lame (Print)	S FSEEDON O	T	nature /	- (1	1.1	itle			Date
Paul Slattery			Yan	$y \times x_0$	Theux "	Organizer			2/13/202

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	18-RC-256880	February 25, 2020		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 10561 Grandview Lane Aspirus Ironwood Hospital 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 10561 Grandview Lane MI Ironwood 49938-Paula Chermside 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (906) 932-2525 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Facili ies Healthcare Ironwood, MI 5b. Description of Unit Involved 6a. No. of Employees in Unit: 15 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 1034 N. Washington Michigan AFSCME Council 25 Nora Grambau MI Lansing 4890 8c. Tel No. 8f F-Mail Address 8d Cell No. 8e. Fax No (517) 487-5081 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) AFL-CIO 08/02/2020 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 03/05/2020 11c. Election Time(s): 11d. Election Location(s): Mail Ballot to Employees Homes 9 am 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 7700 Second Ave. Suite #314 Reno Thompson Michigan AFSCME Council 25, Local 992.10, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
AFSCME International 12g. E-Mail Address rthompson@miafscme.org 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e. Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Reno Thompson Organizer 02/24/2020 17:34:54 Reno Thompson

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE				
ase	Date Filed			
18-RC-256880	February 25, 2020			

### Employees Included

Radiology Technologist/CT, Echo Technologist, Nuclear Medicine Technologist, Xray/CT Technologist, Radiographer and Radiologic Technologist.

Case

### **Employees Excluded**

Doctors, registered nurses, paramedical employees registered with an appropriate professional ot technical society, temporary employees working under a handicapped worker's certificate issued by the U.S. Department of Labor, secretaries to executive offices, supervisors, managers, department heads, executives and all others defined by the Act.

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
18-RC-256986	February 26, 2020			

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 221 Main St N, Stillwater, MN 55082 River Market Community Co-op 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Sara Morrison, Interim General Manager same 3f. E-Mail Address 3e. Fax No. 651-439-9389 gm@rivermarket.coop 651-439-0366 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Northfield, MN Retail Groceries 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All full and part time employees in the front end, grocery, HBC, deli, produce, pricing and maintenance 6b. Do a substantial number (30% or more) of the employees in the Excluded: All department managers, assistant department managers, HR, accounting, marketing and all other managers as defined by the Act. unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/26/20 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). None 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8e. Fax No. 8f. E-Mail Address 8d Cell No. 8c. Tel No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) \_\_ If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. Cell No. 10b. Address 10c. Tel. No. 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 10-11:30am and 4-5:30pm Break Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 266 Hardman Ave, South St. Paul, MN 55075 United Food and Commercial Workers Union Local 1189 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food and Commercial Workers International Union 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. dtastad@ufcw1189.org 651-451-8227 651-402-7925 651-402-7925 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Diana Tastad-Damer, Organizer 266 Hardman Ave, South St. Paul, MN 55075 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel No. 651-402-7925 651-402-7925 651-451-8227 dtastad@ufcw1189.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Organizer Diana Tastad-Damer

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS SPACE					
Case No.		Date Filed				
	18-RC-256993	2/27/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of Interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Go Riteway Transportation Group 6242 N. 64th. St. Milwaukee, Wi. 53218 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Leslie Edwards, Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 414 226 5481 N/A N/A N/A 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Private Transportation Provider **Bus Service** Milwaukee, Wisconsin 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Five (5) All Full-Time and regular part time employee Mechanics and Mechanic Helpers 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X Yes All other employees, supervisors, and guards covered by the Act. Check One: 🔀 7a. Request for recognition as Bargaining Representative was made on (Date) By this petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: N/A None 8c. Tel. No. 8f. E-Mail Address 8d. Cell No. 8e. Fax No. N/A N/A N/A N/A 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A N/A N/A 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? N/A (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other brganizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. cel 10a, Name 10b. Address 10c. Tel. No. N/A N/A N/A 10e. Fax No. -Mail AddressO N/A 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 0430-0500, 0830-0900 Kitchen / Breakroom March 12, 2020 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code) Jared A. Wolski 6200 W. Bluemound Rd. Milwaukee, Wi. 53213 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (ifnone, so state): International Brotherhood of Teamsters General Local Union No. 200 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 414 771 6363 N/A 414 771 5850 jwolski@teamsterslocal200.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Tim Pinter, President 6200 W. Bluemound Rd. Milwaukee, Wi. 53213 13c, Tel, No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. N/A 414 771 6363 414 771 5850 tpinter@teamsterslocal200.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) 02-26-020 Jared A. Wolski **Business Representative** 

FORM NLRB-502 (RC) (2-18)

Terry Simenson

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No. 18-RC-257016	Date Filed 2/27/2020				

02-26-020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/2, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Imperial Dade 2200 Dekoven Ave., Racine, Wi. 53403 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Bill Kuzia, V.P. Finance & Operations Same 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. 262 638 2200 262 638 2217 bkuzia@imperialdade.com N/A 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Distribution, Service Racine, Wisconsin Supply chain, maintenance 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: Two (2) All full-time and regular part-time employee Service Technicians 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 

▼ Yes □ No All other employees, guards, and supervisors covered by the Act. Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) By this petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: N/A None 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. N/A N/A N/A N/A 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A N/A N/A 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? N/A , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) N/A 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10d. Cell No. 10b. Address 10a. Name N/A N/A N/A N/A 10f. E-Mail Address 10e. Fax No. N/A N/A 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type() Mixed Manual/Mail TEMP |X | Manual 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): TO ES Conference Room March 10, 2020 0730-0800 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP 6200 W. Bluemound Rd. Milwaukee, Terry Simenson 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters Local Union No. 200 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address tsimenson@teamsterslocal200.com 414 771 6363 N/A 414 771 5850 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Tim Pinter, President 6200 W. Bluemound Rd. Milwaukee, Wi. 53213 13d. Cell No. 13f. E-Mail Address 13c. Tel. No. 13e. Fax No. 414 771 5850 tpinter@teamsterslocal200.com 414 771 6363 N/A I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Business Representative

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	18-RC-257127	Date Filed 2/28/2020		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 108 E. Wells St Milwaukee Repertory Theater, Inc. Milwaukee 53202-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 108 E. Wells St. WI Milwaukee 53202 Chad Bauman 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address cbauman@milwaukeerep com (414) 224-1761 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Theatrical productions Milwaukee, WI 5b. Description of Unit Involved 6a. No. of Employees in Unit: 6 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address Milwaukee Theatrical Stage Employees Union, Local 18 (of existing stagehand unit, which 8c Tel No 8d Cell No 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) IATSE 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 
Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 20, 2020 Employer's facility 11:00 a.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1110.N. Old World Third St., Ste. 650 WI Milwaukee 53202-Craig Carlson Milwaukee Theatrical Stage Employees Union, Local 18 12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada 12g. E-Mail Address ccarlson@iatselocal2.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (414) 272-3592 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) David Huffman-Gottschling Attorney Jacobs, Burns, Orlove & Hernandez 150 N. Michigan Ave., Ste. 1000 IL Chicago 60601-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address davidhg@jbosh.com (312) 327-3443 (312) 726-3887 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date David Huffman-Gottschling Attorney 02/28/2020 09:43:35 David Huffman-Gottschling

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		
	18-RC-257127	2/28/2020		

Employees Included
All employees in the Properties Department

Employees Excluded
Office clerical employees and guards, professional employees and supervisors as defined in the Act

FORM NLRB-502 (RD) (2-18)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
se No.	D.	Date Filed		
8-RD-256749		Feb. 21.	2	

Ca

RD PETITION 020 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1 PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code). Harvey Vogel Manufacturing Co. 425 Weir Drive, #1200, Woodbury MN 3a, Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Donna Winter 3c. Tel. Nd. 3d. Fax No. 3e. Cell No. 3f. E-Mail Address 651-739-7373 651-739-0403 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b, Principal product or service Metal Stamping 5a. Description of Unit Involved 5b. City and State where unit Included: is located: All Production, Maintenance employees, and Tool and Die Makers Woodbury, MN Office, clerical help, supervisory employees, guards and professional employees as defined by the NLRA 8. No. of Employees in Unit 162 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? X Yes 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any District Lodge No. 77 of IAMAW 8c. Address 8d, Tel, No. 8e. Cell No 1010 Hwy 96E 651-645-7261 Vadnais Heights, MN 8f. Fax No. 8a. E-Mail Address 651-645-7765 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 30, 2020 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? 
Yes 
No 11b. If so, approximately how many employees are participating? 11c. The Employer has been pickeled by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a, Name 12b. Address 12c. Tel. No. 12d, Fax No. 12e, Cell No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this 13a. Election Type: Manual Mail Mixed Manual/Mail matter, state your position with respect to any such election 13b. Election Date(s) 13c. Election Time(s) 13d Election Location(s) 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, ZIP code) 14b Tel No 14c Fax No (b) (6), (b) (7)(C) 14d. Cell No. 14e. E-Mail Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a. Name 15b.Title (b) (6), (b) (7)(C) 15c. Address (Street and number, city, state, ZIP code) 15d. Tel. No. 15e. Fax No. (b) (6), (b) (7)(C) 15f. Cell No. 15q. E-Mail Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. sig(b) (6), (b) (7)(C) Date Filed (b) (6), (b) (7)(C) INISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-502 (RD)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

ase No	
case No.	

DO NOT WRITE IN THIS SPACE

18-RD-25684Z

Date Filed February 24, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.gov/</u>, submit an original of this Petition to an NLRB orace in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<ol> <li>PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMO recognized bargaining representative is no longer their representa Labor Relations Board proceed under its proper authority pur</li> </ol>	tive. The Petitioner alleges that I	the following circumstances ex	es assert that the certified or currently cist and requests that the National
2a. Name of Employer	2b. Address(es) of Establishment	(s) involved (Street and number,	city, state, ZIP code)
Dave Syverson Truk Centil	7 county Rd	163E Roch	stur MN 55904
3a. Employer Representative - Name and Title	3b. Address (If same as 2b - state	e same)	*** **********
Aaron Smith	Same	Tax = 1, 3133	
3c. Tel. No. 3d. Fax No. 3d. Fax No.	3e. Cell No.	3f. E-Mail Address	incularson com
507 280 3080 507 289 1584	1507 254 6199	Ab. Principal product or service	resyverson, com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)	10	Service 1 and	Repair Frieghtlimer.
Frieghtling Dealers	VI	JCI VICE and	15b. City and State where unit
Excluded: Service Technicians  Excluded: Everyone else	and Parts	Counter	Rochester MN
No. of Employees in Unit     13     17. Do a substantial number recognized bargaining re	(30% or more) of the employees in expresentative? Yes No	in the unit no longer wish to be re	presented by the certified or currently
8a. Name of Recognized or Certified Bargaining Agent TEAMSTES Local Union	120 Periche	8b. Affiliation, if any No W  8e. Cell No.	
101 41000 AXL Drive SE	507 289 1 8f. Fax No.	6577 507 26	
Rochester, MN 55904  9. Date of Recognition or Certification	10. Expiration Date of Current or	Most Recent Contract, if any (Mo	lebera 1 teamsters/occ
2008	1 30		
11a. Is there now a strike or picketing at the Employer's establishmen	it(s) involved? Yes No	11b. If so, approximately how r	nany employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Nam.  (Insert Address)		and the same and t	a labor organization, of ce (Month, Day, Year) NA
<ol> <li>Organizations or individuals other those named in items 8 and 110 and individuals known to have a representative interest in any em</li> </ol>	<li>c, which have claimed recognition inhoves in the unit described in ite</li>	as representatives and other org	anizations NON-R
12a, Name 12b. Address		12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f, E-Mail Address
NONE NOWE		WA	NA
13 Flection Details: If the NLRB conducts an election in this	NA	13a. Election Type: Manua	Mail Mixed Manual/Mail
13b. Election Date(s) 13c. Election Tim		13d. Election Location(s)	
3-25-20	3 PM	PAUL SYLLISON	n Truck Gostell
(b) (6), (b) (7)(C)		,	
e)		14b. Tel. No.	14c. Fax No.
(b) (6), (b) (7)(C)		word	NONS
	(b) (	(6), (b) (7)(C)	(b) (6), (b) (7)(C)
14f. Affiliation, if any World			
15. Representative of the Petitioner who will accept service of all	papers for purposes of the rep	resentation proceeding.	
15a. Name		15b.Title	
Nowl		NONO	
15c. Address (Street and number, city, state, ZIP code)		15d, Tel. No.	15e. Fax No.
100000000000000000000000000000000000000		None	Nonit
Nowl		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above notition and that the stateme	nte are true to the best of my kn		100,000
I declare that I have read the above petition and the thin (b) (6), (b) (7)	(C)		Date Filed
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	12-21-20
S	Y FINE AN	DIMPRISORMENT (0.5. 000)	The state of the s

Solicitation of the information on this form is authorized (NLRB) in processing representation and related proceed further explain these uses upon request. Disclosure of the

C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board on are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will ire to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No. 19-RC-255866	Date Filed 2/6/20202		

INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partic Case Procedures (Form NLRB 4	The petition must be accores named in the petition of:	npanied by both a (1) the petition; (2	showing of interes  Statement of Pos	t (see 6b bei ttion form (F	low) and	l a certifica RB-505); an	te of service s d (3) Descript	howing tion of Re	service on apresentation
PURPOSE OF THIS PETITION     bargaining by Petitioner and Perequests that the National Lat	titioner desires to be certified	as representative of	of the employees. Th	e Petitioner	alleges	that the foll	owing circum	stances	collective exist and
Parmers Brothers Coffee			of Establishment(s) 1 St, Yakima V			number, City	, State, ZIP co	de):	
3a. Employer Representative - Na	ame and Title:	3b. Address (if s same	amé as 2b - state se	me):	+	, 100000		*	
3c. Tel. No. 509.457.6031	3d. Cell No.	3e. Fax	No.	3f.	E-Mail A	ddress			
4a. Type of Establishment (Factory Full Service Beverage Pr			cipal Product or Sen e distributor	/Ice		5a. City an Yakim	d State where a WA	unit is loc	cated:
5b. Description of Unit Involved: Included: Delivery drivers and mai Excluded: Management and confide		6				6b. Do a si	of Employee ubstantial num employees in the	ber (30% ne unit wis	h to be
Check One: 7a. Request for re on or about (Date	ecognition as Bargaining Rep (If urrently recognized as Barga led Bargaining Agent (If non	no reply received, s ining Representativ ne, so state)   8b.	so state).		he Act.	represe	ented by the Pe declined recogn	etitioner?	
8c. Tel. No. 509.452.7194	8d. Cell No.	8e. Fax 509.4	No. 52.7354		8f. E-Mail Address union@teamsters760.org			*	
8g. Affiliation, if any:	1		Recognition or Cert	fication 8i. E	xpiratio	n Date of Cu	rrent or Most Month, Day, Y	(ear)	
Is there now a strike or picketing (Name of Labor Organization)     Organizations or individuals other individuals known to have a representation.	er than Petitioner and those r	named in items 8 an	nd 9, which have clair	, has p	oicketed ion as re	the Employe	s are participat er since (Month es and other or	n, Day, Ye	- CONTRACTOR -
10a. Name	10b, Address	- <del> </del>		10c	Tel. No		10d. Cell No.		
	,			10e	. Fax No		10f. E-Mail Ad	Idress	2
11. Election Details: If the NLRB c	onducts and election in this n	natter, state your po	sition with respect to	any such ele	ection:	Election 1	The state of the state of	Mixed	d Manual/Mail
11b. Election Date(s):	11c. Election To	me(s):	7)	11d	. Electio	n Location(s	):		
12a. Full Name of Petitioner (inclu Teamsters Local Union 7 Bob Koerner	60		12b. Address (str 1211 W Lin	coln Ave	, Yaki	ima WA			
12c. Full name of national or international Brotherhood		hich Petitioner is ar	affiliate or constitue	ent (if none, s	o state):				
12d. Tel. No. 202.624.6800	12e. Cell No.	12f. Fex	No.	12g	. E-Mail	Address			
13. Representative of the Petition 13a. Name and Title: Bob Koerner, Business Rep	i i i i i i i i i i i i i i i i i i i	13b. Add	irposes of the repredess (street and nur W Lincoln Ave,	nber, city, Sta	ate and 2	ZIP code):			
13c, Tel. No. 509.452.7194	13d. Cell No. 509.949.2477	1	52.7354	bol	225 789	Address imsters7	60.org		
I declare that I have read the above		/ <sup>3</sup> /***********************************	the best of my kno		belief.				I Data
Name (Print) Bob Koerner	Signatus	Volo		Busin	ess Re	epresenta	tive		Date 2.5.2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
19-RC-256228	2/12/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

Case Procedures (Form NLRB 481	12). The showing	of interest should	d only be file	ed with the NLRB and	should not be	served on ti	he employer or any oth	ner party.
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petitioner requests that the National Laboratory	oner desires to be	certified as repres	entative of the	ne employees. The Pe	titioner alleges t	hat the follo	owing circumstances	
2a. Name of Employer: Janus Youth Programs	2b. Ad Porc	dress(es) of h Light C	Establishment(s) invol Crisis Shelter, 16	ved (Street and n 535 SW Ald	umber, City, er Street	State, ZIP code): , Portland, OR 97	7205	
3a. Employer Representative - Nam Mark Augustin, HR Direc		3b. Ad 707	dress <i>(if sam</i> NE Couc	ne as 2b - state same): ch Street, Portlar	nd, OR 9723	2		
3c. Tel. No. 503-542-4609	3d. Cell No. 503-484-012	28	3e. Fax No 503-233	3-6093	3f. E-Mail Admangust		syouth.org	
4a. Type of Establishment (Factory, r NFP helping homeless and				oal Product or Service t for homeless y	outh	5a. City and Portlan	d State where unit is loc $d, OR$	ated:
5b. Description of Unit Involved: Included: All care and support empl Excluded: All others, including mana	•			•	et	6b. Do a su of the e	r of Employees in Unit:  ubstantial number (30% mployees in the unit wis nited by the Petitioner?	h to be
Check One:	rently recognized a	If no reply (if no Reply as Bargaining Rep	received, so resentative a				leclined recognition	
8c. Tel. No.	8d. Cell No.		8e. Fax No	o.	8f. E-Mail A	ddress		
8g. Affiliation, if any:		8				ation Date of Current or Most Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at  (Name of Labor Organization)  10. Organizations or individuals other individuals known to have a repre	r than Petitioner an	d those named in	items 8 and	9, which have claimed	, has picketed recognition as re	the Employer	er since (Month, Day, Yes and other organization	<u> </u>
None 10a. Name	10b. <i>F</i>	Address			10c. Tel. No	.	10d. Cell No.	
			10		10e. Fax No	).	10f. E-Mail Address	
11. Election Details: If the NLRB con	nducts and election	n in this matter, sta	ate your posit	tion with respect to any	such election:	11a. Election  Manua	<u>'-</u> _	d Manual/Mail
11b. Election Date(s): ASAP		Election Time(s):			On site			
12a. Full Name of Petitioner (including local name and number): American Federation of State, County, and Munic Employees Council 75			oal	12b. Address (street 6025 East Burn	and number, city, nside, Portla	State and 2 nd, OR 9	ZIP code): 97215	
12c. Full name of national or internati American Federation of S	ional labor organizate, County,	ation of which Peti and Municip	tioner is an a pal Emplo	affiliate or constituent (Appearage)	if none, so state): )			
12d. Tel. No. 12e. Cell No. 503-239-9858		12f. Fax No. 12g. E-Mail 503-239-9441		12g. E-Mail				
			bers for purposes of the representation proceeding.  13b. Address (street and number, city, State and ZIP code):  1316 NE Broadway Street, Suite A, Portland, OR 97232					
13c. Tel. No. 503-453-0146	13d. Cell No.		13e. Fax N		13f. E-Mail A noah@tl		om	
I declare that I have read the above Name (Print)	petition and that		are true to th	he best of my knowle	dge and belief. Title			Date
Name ( <i>Print</i> )  Noah Warman  Signature /s/Noah Wa					Attorney for Petitioner 02/12/20			

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed	_		
19-RC-256303	2/13/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 13651 SE Ambler Rd WE Given Contracting Inc. ackamas 97015 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 13651 SE Ambler Rd OR Clackamas 97015 Patricia Glen 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address pat@givencontracting.com (503) 655-3662 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Painting Clackamas, OR 5b. Description of Unit Involved 6a. No. of Employees in Unit: 10 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 03/05/20 The Employer's Clackamas facility 8 am 12a. Full Name of Petitioner (*including local name and number*) Scott Oldham International Union of Painters and Allied Trades, District Council 5 12b. Address (street and number, city, state, and ZIP code) 11105 NE Sandy Blvd 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Union of Painters and Allied Trades 12g. E-Mail Address scotto@iupatdc5.org 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Daniel Hutzenbiler McKanna Bishop Joffe 1635 NW Johnson St OR Portland 97209-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address dhutzenbiler@mbjlaw.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Daniel Hutzenbiler 02/13/2020 12:20:48 Daniel Hutzenbiler

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
19-RC-256303	2/13/2020		

Employees Included All full-time and regular part time painters.

**Employees Excluded** 

All other employees, guards, and supervisors as defined by the Act.

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.			
19-RC-2	56315		

DO NOT WRITE IN THIS SPACE
Date Filed
2/13/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should <u>not</u> be served on the employer or any other party.

with the NLRB and should <u>not</u>	be served on the e	employer c	or any other party.			
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor 8	ter desires to be centre	ed as renrese	entative of the employees. The	Dotitioner allegee th	at the falloude	
2a. Name of Employer		2	b. Address(es) of Establishmen	t(s) involved (Street a	and number city	State 7IP code)
JL Properties, Inc.			455 3rd Avenue			, 0,0,0,
3a. Employer Representative - Name	e and Title		AK Fairbanks 99701- 3b. Address (If same as	s 2h - state same)		10.415
Levi Kincaid			813 D St, Suite 20 AK Anchorage 999			
3c. Tel. No.	3d. Cell No.	-16	3e. Fax No.	501-	3f. E-Mail Add	race
(907) 279-8025		62°E	(907) 279-8066		lkincaid@jlprope	
4a. Type of Establishment (Factory, min	ne, wholesaler, etc.)	4b. Principa	al product or service			and State where unit is located:
Real Estate Operation	ns		Real estate & mainten	ance	Ja. City	Fairbanks, AK
5b. Description of Unit Involved			riodi oblato di mantoni	idiloc		6a. No. of Employees in Unit:
Included: See Attached Page 2 for ac	ditional details					14  6b. Do a substantial number (30%
Excluded: See Attached Page 2 for additional details				46		or more) of the employees in the unit wish to be represented by the Petitioner? Yes [7] No [7]
	(Date) (is currently recognized	<i>lf no reply red</i> d as Bargaini	sentative was made on (Date) of ceived, so state). No reply receiving Representative and desires ate).	ived .		lined recognition on or about
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any		8h. Date of Recognition or	8h. Date of Recognition or Certification		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
(Name of labor organization)  10. Organizations or individuals other the known to have a representative interest	nan Petitioner and thos t in any employees in t	e named in it	s picketed the Employer since (I	ed recognition as ren	. 2	
10a. Name	10b. Add	ress		10c. Tel. No.		10d. Cell No.
		a		10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB cond any such election.</li> </ol>	fucts an election in this	matter, state	e your position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
11b. Election Date(s): March 6, 2020 or as soon as possible		):	11d. Election Location(s):		The state of the s	
12a. Full Name of Petitioner (including local name and number) John Corbett Laborers Local 942				JL Properties Maintenance Shop at Jillian Square Apartments, 3000 Day 12b. Address (street and number, city, state, and ZIP code) 2470 Dayis Road AK Fairbanks 99709-		
12c. Full name of national or internation Laborers' International Union of North Ar	nal labor organization o merica	f which Petiti	ioner is an affiliate or constituen	t (if none, so state)		(*)
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	Idress
(907) 456-4584	(907) 378-1710		(907) 452-6285		jcorbett@local	942.net
13. Representative of the Petitioner v 13a. Name and Title Khalial Withen General Counsel Alaska District Council of Laborers		e of all pape	13b. Address (street and 2501 Commercial Dr. AK Anchorage 99501-			
13c. Tel No. (907) 276-1640	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	
I declare that I have read the above p	(907) 341-7295	tatomente e	(907) 274-7289		kwitnen@alasi	calaborers.com
Name (Print)		atements at		neage and belief.		
Khalial Withen	Signature Khalial Withen		Title General Counsel		Date 02/13/2020	10:15:07

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### PRIVACY ACT STATEMENT

Employees Included
All maintenance employees employed by JL Properties, Inc. in Fairbanks, Alaska

Employees Excluded All other employees, confidential employees, clerical employees, and guards and supervisors as defined in the Act

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Date Filed 2/12/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

	nd (3) Description of Repres should not be served on the			RB 4812). The sho	wing of inte	rest should only be filed
PURPOSE OF THIS PI bargaining by Petitione	ETITION: RC-CERTIFICATION OF ar and Petitioner desires to be certificated by the certification of the certificatio	F REPRESENTATied as representati	IVE - A substantial number ve of the employees. The	Petitioner alleges that	the following	circumstances exist and
2a. Name of Employer		2b. Ac	ddress(es) of Establishmen			
Fresenisus Kidney Care			745 Harrison Ave, Ste D IT Butte 59701-			
3a. Employer Represent	tative - Name and Title		3b. Address (If same as			
Susan Englert			3100 Great North	er Ave.		
3c, Tel. No.	3d. Cell No.		3e. Fax No.	3f. E-Mail Address susan.englert@fmc-na.com		
4a Type of Establishmen	t (Factory, mine, wholesaler, etc.)	4b. Principal pro	duct or service			nd State where unit is located:
	ealthcare	40. 1 Missipal pro	Kidney Dialysis		Ja. Oily a	Butte, MT
5b. Description of Unit I	- 40 M 40		Thursy Dialysis		1	6a. No. of Employees in Unit:
	ed Page 2 for additional details					6
Excluded: See Attache	ed Page 2 for additional details					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [☑] No [☐]
	a. Request for recognition as Barg  [Date]  D. Petitioner is currently recognize  or Certified Bargaining Agent (I)	(If no reply receive ed as Bargaining R	ed, so state). No reply rece	ived	W. 1	ned recognition on or about
an italia vittavagii	or our mines and gaming regent (in	, none, co state,	ob. Hadibəs			
8c. Tel No.	8d Cell No.		8e, Fax No.	8f. E-Mail Address		ess
8g. Affiliation, if any			8h. Date of Recognition o	ition or Certification 8i. Expiration Date of Current or Most fi Contract, if any (Month, Day, Year)		
(Name of labor organiz	picketing at the Employer's establist ention)iduals other than Petitioner and tho stative interest in any employees in	has pick	keted the Employer since (	ed recognition as repres	4 1 1 2 2	
	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 55 5111.57		
10a. Name	10b, Ad	dress	10c. Tel. No.			10d. Cell No.
				10e. Fax No.		10f, E-Mail Address
11. Election Details: If the any such election.	he NLRB conducts an election in th	is matter, state you	ur position with respect to	11a. Election Type:	7 Manual	Mail Mixed Manual/Mail
11b. Election Date(s): February 25, 26		11c. Election Time(s): 8am - 5pm		11d. Election Location(s): Butte - Fresensius		
12a. Full Name of Petitioner (Including local name and number) Erin Foley Teamsters Local Union No. 2			12b. Address (street and number, city, state, and ZIP code) 3345 Harrison Ave. MT Butte 59701-		ty, state, and ZIP code)	
12c. Full name of national International Brotherhood of	or international labor organization of Teamsters	of which Patitioner	is an affiliate or constituer	it (if none, so state)		
12d. Tel No.	12e, Cell No.		12f. Fax No.			ress
406) 533-5528	(406) 533-5528		(406) 494-4430		rin.foley@tean	nsterslocal2.org
13. Representative of the 13a. Name and Title	e Petitioner who will accept servi	ice of all papers fo		sentation proceeding. d number, city, state, an	d ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.	13f. E-Mail Address		ress
I declare that I have read	d the above petition and that the	statements are tru	ue to the best of my know	viedge and belief.		
Name (Print)	Signature		Title		Oate	
Erin Foley	Erin Foley		Secretary Treasurer 02/13/2020 13:50:54		13:50:54	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

### Attachment

Employees Included L.P.N and Patient Care Technicians

Employees Excluded Management

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
19-RC-256360	2/13/2020

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RC-256385	2/14/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Fresenius Kidney Care Butte/Bozeman 3745 Harrison Ave., Ste. D, Butte, MT 59701 937 Highland Blvd., Ste. 5100, Bozeman, MT 59715 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Susan Englert 3100 Great Northern Ave. Missoula, MT 59808 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address susan.englert@fmc-na.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Healthcare Kidney Dialysis Butte and Bozeman Montana 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 8 L.P.N and Patient Care Technicians 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 

X
Yes Excluded: Management Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 01/22/2020 and Employer declined recognition No reply on or about (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires cer ification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail X Manual Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 27 8am - 10am , 2pm-3pm one time in Butte other time for Bozeman 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 3346 Harrison Ave. Butte, MT 59701 Erin Foley 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 406-533-5528 406-494-4430 406-533-5528 erin.foley@teamsterslocal2.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Erin Foley Erin Foley Secretary Treasurer 02/14/20

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RC-256439	2/18/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3333 Riverbend Dr. OR Springfield 97477 Peacehealth Sacred Heart Medical Center at Riverbend and University 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 1115 SE 164th Avenue WA Vancouver 98683-Craig Armstrong 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Springfield, OR 5b. Description of Unit Involved 6a. No. of Employees in Unit: 10 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3/5/2020 7-9 am, 4-6 pm TRD 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 18765 SW Boones Ferry Road OR Tuala in 97062-12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
American Federa ion of Teachers 12g. E-Mail Address dovlet@bennetthartman.com 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Thomas Doyle Attorney Bennett Hartman Morris and Kaplan 210 SW Morrison Street OR Portland 97204-13c. Tel No. 13d Cell No 13e. Fax No. 13f. E-Mail Address tom@bennetthartman.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Thomas Dovle Attorney Thomas Doyle 02/17/2020 22:16:08

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
19-RC-256439	2/18/2020			

Employees Included

All Nurse Practitioners and Advanced Practice Registered Nurses Employed at Riverbend/UD for self determination inclusion with existing RN Unit at that location.

Employees Excluded Supervisors, Managers

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RC-256529	2/18/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Growing Seeds at Crystal Springs, Inc. 2808 SE Steele St, Portland, OR 97202 3b. Address (If same as 2b = state same) 3a. Employer Representative - Name and Title 33410 E. Historic Columbia River Highway, Corbett, OR 97019 Jessica Kyrie Eppley 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 971-254-4365 kyrie.eppley@growingseeds.net 4b. Principal product or service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Early Childhood Education Preschool Portland, OR 5b. Description of Unit Involved 6a. No. of Employees in Unit: approx. 19 Included: all employees 6b. Do a substantial number (30% or more) of the employees in the Excluded: office clericals, guards, managers, and supervisors as defined in the Act unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 2/18/20 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). no reply received 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certifica ion under he Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address none 8c Tel No 8d Cell No 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picke ing at the Employer's establishment(s) involved? \_no\_ If so, approximately how many employees are par icipating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail Mail any such elec ion. 11b. Election Date(s): 11c. Elec ion Time(s): 11d. Election Location(s): as soon as possible 12 pm - 2 pm at the employer's location (break room) 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Longshore and Warehouse Union, Local 5 920 W Burnside St., OR 97209 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Longshore and Warehouse Union 12d. Tel No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address (503) 933-7550 rvan.takas@ilwu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Emily Maglio, attorney 13b. Address (street and number, city, state, and ZIP code) 1188 Franklin St., Ste. 201, San Francisco, CA 94109 13c. Tel No 13d. Cell No. 13e. Fax No. 13f. F-Mail Address (415) 771-6400 (415) 771-7010 emaglio@leonardcarder.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Emily M. Maglio 2/18/20 attorney S ON HIS PETITO AN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMEN

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
19-RC-256530	2/18/2020					

INSTRUCTIONS: Unless e-Filed us in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Descrip with the NLRB and should not be	is located. The employer and tion of Repres	e petition must all other partie entation Case I	be accompanied by s named in the petition Procedures (Form NL	both a showing of on of: (1) the petiti	interest (s on; (2) Sta	ee 6b below) and a certificate tement of Position form
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner or requests that the National Labor Relations	RTIFICATION Of desires to be certif	F REPRESENTATI ied as representation ceed under its pro	IVE - A substantial number we of the employees. The oper authority pursuant to	Petitioner alleges that Section 9 of the Nat	t the followi	ng circumstances exist and Relations Act.
2a. Name of Employer Growing Seeds in Irvington, LLC		1,000,000,000,000	dress(es) of Establishmen IE Martin Luther Kin	g Blvd Suite F, Po		
3a. Employer Representative – Name an Jessica Kyrie Eppley			3b. Address (If same at 33410 E. Historic C	Columbia River Hi		
3c. Tel. No. 503-284-4860 4a. Type of Establishment (Factory, mine,	3d. Cell No.	4b. Principal pro	3e. Fax No.		-	ey@growingseeds.net y and State where unit is located:
Preschool	wholesaler, etc.)	Early Childho				nd, OR
Included: all employees Excluded: office clericals, gu	ards, mana	gers, and s	upervisors as de	fined in the A	ct	6a. No. of Employees in Unit: approx. 19  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes  No
7b. Petitioner is	(Date) curren ly recognize	(If no reply received as Bargaining R	ative was made on (Date) (d, so state). no reply epresentative and desires	received		clined recognition on or about
8a. Name of Recognized or Certified Ba none		r none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Ad	dress
8g. Affiliation, if any			8h. Date of Recognition o	or Certification 8i. Expiration Date of Current or Most Re Contract, if any (Month, Day, Year)		
Is there now a strike or picke ing at the I     (Name of labor organization)	Employer's establi		? no If so, approx	dimately how many em	ployees are p	ar icipating?
Organizations or individuals other than known to have a representative interest in					esentatives a	nd other organizations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB conduction any such election.</li> </ol>			r position with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): as soon as possible	12 pm			11d. Election Location(s): at the employer's location (break room)		
12a. Full Name of Petitioner (including I International Longshore and Warehouse 12c. Full name of national or international I	Union, Local 5		is an affiliate or constituer	920 W Burnside St.,		, city, state, and ZIP code)
International Longshore and Warehouse	Union	or which readoner		it (ir none, so state)		
12d. Tel No. (503) 933-7550	12e. Cell No.		12f. Fax No.		12g. E-Mail A yan.takas@	
13a. Name and Title Emily Magli	And the second second		13b. Address (street an 1188 Franklin St., Ste. 201,	d number, city, state, a		
13c. Tel No. (415) 771-6400	13d. Cell No.		13e. Fax No. 13f. E-Mail Address emaglio@leonardcarder.com			
I declare that I have read the above peti Name ( <i>Print</i> )  Emily M. Maglio	ignature	statements are tru	Title attorney	viedge and belief.	Date 2/18/20	
WILLELL EALSE STATEM	N S CINCUIS DI	EN ALLANDE	DIMIGUED BY CINE AND	IMPRICANMENT (II		I E 18 SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942–43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
19-RC-256531	2/18/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Growing Seeds North, LLC 6505 NE Martin Luther King Jr Blvd, Portland, OR 97211 3b. Address (If same as 2b = state same) 3a. Employer Representative - Name and Title Jessica Kyrie Eppley 33410 E. Historic Columbia River Highway, Corbett, OR 97019 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 503-283-9669 kyrie.eppley@growingseeds.net 4b. Principal product or service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Preschool Early Childhood Education Portland, OR 5b. Description of Unit Involved 6a. No. of Employees in Unit: approx. 40 Included: all employees 6b. Do a substantial number (30% or more) of the employees in the Excluded: office clericals, guards, managers, and supervisors as defined in the Act unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 2/18/20 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). no reply received 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certifica ion under he Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address none 8c Tel No 8d Cell No 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picke ing at the Employer's establishment(s) involved? \_no\_ If so, approximately how many employees are par icipating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail Mail any such elec ion. 11b. Election Date(s): 11c. Elec ion Time(s): 11d. Election Location(s): as soon as possible 12 pm - 2 pm at the employer's location (break room) 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Longshore and Warehouse Union, Local 5 920 W Burnside St., OR 97209 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Longshore and Warehouse Union 12d. Tel No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address (503) 933-7550 rvan.takas@ilwu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Emily Maglio, attorney 13b. Address (street and number, city, state, and ZIP code) 1188 Franklin St., Ste. 201, San Francisco, CA 94109 13c. Tel No 13d. Cell No. 13e. Fax No. 13f. F-Mail Address (415) 771-6400 (415) 771-7010 emaglio@leonardcarder.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Emily M. Maglio 2/18/20 attorney S ON HIS PETITIO AN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMEN

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.	
19-RC-25676	1

| Date Filed | 2/21/2020 |

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

the employer and all other partie Case Procedures (Form NLRB 4									
PURPOSE OF THIS PETITION     bargaining by Petitioner and Perequests that the National Lak	titioner desires to be	certified as repres	entative of th	he employees. The Per	titioner alleges t	hat the foll	owing circumstances e		
2a. Name of Employer: Fresenius Kidney Care But	te/Bozeman			Establishment(s) invol Blvd. Ste 5100 Bo			, State, ZIP code):		
				ne as 2b - state same): orthern Ave. Misso		)8			
3c. Tel. No.	3d. Cell No.		3e. Fax No	0.	3f. E-Mail A		-na.com		
4a. Type of Establishment (Factory Healthcare	v, mine, wholesaler, e	etc)	4b. Princip Kidney [	oal Product or Service Dialysis		1	d State where unit is loca d Bozeman Montana		
5b. Description of Unit Involved: Included: L.P.N and Patient Care Tech Excluded: Management						8 6b. Do a si	er of Employees in Unit: ubstantial number (30% of employees in the unit wish unted by the Peti ioner? [	h to be	
on or about (Date	·	(If no reply r	eceived, so				declined recogni ion		
8a. Name of Recognized or Certif	fied Bargaining Ag	<b>ent</b> (If none, so sta	te) 8b. Ac	ddress:					
8c. Tel. No.	8d. Cell No.		8e. Fax No	0.	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:	1	8	h. Date of R	ecognition or Certificat		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing (Name of Labor Organization)	at the Employer's e	stablishment(s) inv	olved?	If so, approx	•		s are participating? er since (Month, Day, Ye	ar)	
10. Organizations or individuals oth individuals known to have a rep							es and other organization	as and	
10a. Name	10b. /	Address			10c. Tel. No	).	10d. Cell No.		
					10e. Fax No	).	10f. E-Mail Address		
11. Election Details: If the NLRB of			te your posi	tion with respect to any			l Mail Mixed	Manual/Mail	
11b. Election Date(s): March 6	8am	Election Time(s): - 10am			11d. Electio Bozeman	`	,		
12a. Full Name of Petitioner (inclu Erin Foley	uding local name and	d number):		12b. Address (street 3346 Harrison A			ZIP code):		
12c. Full name of national or international Brotherhood of	_	a ion of which Petit	tioner is an a	affiliate or constituent (	if none, so state):				
12d. Tel. No. 406-533-5528	12e. Cell No. 406-533-5528		12f. Fax N 406-494		12g. E-Mail erin.foley(		rslocal2.org		
13. Representative of the Petition 13a. Name and Title:	ner who will accept	service of all pap		poses of the represer ess (street and number		-			
13c. Tel. No.	13d. Cell No.		13e. Fax N	No.	13f. E-Mail	Address			
I declare that I have read the abo	ve petition and tha	t the statements a	re true to tl	he best of my knowle	dge and belief.				
Name (Print)		Signature Erin Folov			Title	acuror		Date	
Erin Foley Erin Foley				Secretary Tre	asurer		02/21/20		

Robin Haux

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Robin Haux

DO NOT WRITE IN THIS SPACE						
Case No. 19-RC-257179	Date Filed 2/28/2020					

02/28/2020 10:07:27

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3745 Harrison Ave STE D MT Butte 59701-Fresenius Kidney Care-Butte 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3100 GREAT NORTHERN AVENUE MT MISSOULA 59808-Sue Englert 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (406) 830-9777 (406) 728-5987 susan.englert@fmc-na.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare healthcare Butte, MT 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [ No [ ] 7a. Request for recognition as Bargaining Representative was made on (Date) 01/27/2020 Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c Tel No 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 3/11/2020 11c. Election Time(s): 11d. Election Location(s): Fresenius Kidney Care - Butte 12a. Full Name of Petitioner (Including local name and number)
Robin Haux
Montana Nurses Association 12b. Address (street and number, city, state, and ZIP code) 20 Old Montana St Hwy MT Clancy 59634 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address robin@mtnurses.org 12e. Cell No. 12f. Fax No. (406) 431-5934 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Labor Program Director

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the

#### Attachment

Employees Included registered nurses

Employees Excluded supervisor as defined by the NLRA

DO NOT WRITE IN THIS SPACE					
Case 19-RC-257179	Date Filed . 2/28/2020	5,8			

(NLRE) in processing representation and related

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 19-RD-256108 Date Filed 2/11/2020

DO NOT WRITE IN THIS SPACE

lly set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

the employer and all other parties named in the Case Procedures (Form NLRB 4812). The sho	e petition of:(1) wing of interes	) the petition; (2) St t should only be file	tatement of Posit led with the NLRE	ion form 3 and sho	(Form NLRB-505); uld not be served	and (3) Description the employer in	on of Representation or any other party.
PURPOSE OF THIS PETITION: RD- DECERTI recognized bargaining representative is no long Labor Relations Board proceed under its pro	er their represen	tative. The Petitions	er alleges that the	e followin	g circumstances	es assert that the exist and requests	certified or currently that the National
2a, Name of Employer		2b. Address(es) o	of Establishment(s	) involved	(Street and number	city, state, ZIP co	de)
Rhino Staging Northu 3a. Employer Representative - Name and Title	vest	4417 Pa	cific Hig	hwa	y East F	ife, WA.	98424
3a. Employer Representative - Name and Title		3b. Address (If sa		ame)			
Dan Scolnik, Director of 30. Tel No. 3d. Fax No.	Operation	ong S.	ame				
				Bf. E-Mail	111 111 111 111		1-0
206-331-3762 425-650 4a. Type of Establishment (Factory, mine, wholesal		206 - 271	-3050	Scol	aikerhin	ostaging. co	m
Specialty Service Provider		+ 1 - ber					
5a. Description of Unit Involved	LUCI	, ,,		speel	Cicelly Trail	5b City and	State where unit
Included: Riggers (high Riggers	rs and	Down Rige	lez)			is locat	ed: _ , ₩A .
"Stagehands"							
	ubstantial numberized bargaining	er (30% or more) of the representative?		the unit no			certified or currently
	Ot it				8b. Affiliation, if an	4.	TE 0
Jennifer Bacon  BC Address			8d Tel No.		L. A. 1. S. 1 8e. Cell No.	- Local	15 President
2800-1stAve #231			206-441	-1015	de. Cell (vo.		
			8f. Fax No.	.3.2	8g. E-Mail Address		
Seattle, WA. 98121		4					74
9. Date of Recognition or Certification				st Recen	Contract, if any (M	onth, Day, Year)	1
January ( 2020, 1)		Unknow		Zero	employees	butmeny	Unton Stagehan
11a. Is there now a strike or picketing at the Employ	er's establishme	ent(s) involved? 💢	Yes No 1	1b. If so,	approximately how	many employees a	Unton Stagehar
11c. The Employer has been picketed by or on beha				=15			a labor organization, of
(Insert Address) 2800 - 1st Ave. #	231, Se	attle wt.	18121		sin	ce (Month, Day, Ye	and zoril 2018
<ol> <li>Organizations or individuals other those named and individuals known to have a representative</li> </ol>	in items 8 and 1	1c, which have claim	ned recognition as	represen	latives and other or	ganizations	
12a Name 12b Addre	SS	imployees in the drift		2c. Tel. N		12d. Fax No.	
(b) (6), (b) (7)(C) (b) (6),	(b) (7)(C)		4	-6-	441-1515	1.	
				2e. Cell N		12f, E-Mail Addre	
				0) (0), (	b) (7)(C)	(b) (6), (b) (7	7)(C)
<ol> <li>Election Details: If the NLRB conducts an election matter, state your position with respect to any su</li> </ol>			1	3a. Electi	on Type: Manua		
13b. Election Date(s)	13c. Election Ti	ime(s)	1	3d Electi	on Location(s)		
1(b) (6), (b) (7)(C)						****	
16		*	14	4b, Tel. N	la .	14c. Fax No.	
(b) (6), (b) (7)(C)				79. 191. 17		140.140.	
			1	4d Cell N	6) (7)(C)	14e, E-Mail Addr	
						(b) (6), (b) (7	(C)
14f. Affiliation, if any (b) (c), (b) (7)(c)	TATS	SE Local#1	5 (b) (6), (b	(7)(C	)		
15. Representative of the Petitioner who will acc	ept service of a	III papers for purpo	ses				
15a. Name				(b) (6), (b)	(7)(C)		
Sec item 14 above	CATAL .					Tues evolus	
15c. Address (Street and number, city, state, ZIP co	de)					15e. Fax No.	
			1	5f. Cell N	0.	15g. E-Mail Addr	955
				7.7.7.11		g. Z man riddi	1773
I declare that I have read the above petition and		ents are true to the	best of my know	vledge an	d belief.	1	
Name (Print) (b) (6), (b) (7)(C) (b) (6),	(b) (7)(C)			itle (b) (6), (b)	(7)(C)		Date Filed
W C C C C C C C C C C C C C C C C C C C	1.1.1.11.1						02-5-2020
EM			AND		T (U.S. COD	E, TITLE 18, SECT	TON 1001)
			14141		All the second second second		

further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 20-RC-255595	Date Filed 2/3/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 199 Red Top Road, Fairfield, CA 94534 Producers Dairy 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Mark Flagg, General Manager same 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. mark.flagg@producersdairy.com (707) 863-3212 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Fairfield, California Dairy products 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time and regular part-time Production and Vault employees. 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Pelitioner? 🗷 Yes All other employees, supervisors and guards, as defined in the Act. Check One: 🗷 7a. Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None Bc. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): February 22, 2020 10:00 am - 1:00 pm & 1:30 pm - 4:00 pm Break room of Employer's facility 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local 315 2727 Alhambra Avenue Martinez, CA 94553-3120 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (707) 310-2225 (925) 228-2246 (925) 228-1612 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a Name and Title: 483 Ninth Street, Ste. 200, Oakland, CA 94607 Sheila K. Sexton, Attorney 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. (510) 625-8275 ssexton@beesontayer.com (510) 625-9700 I declare that I have read the above petition and that the statement are true to the best of my knowledge and belief. Date Name (Print) Title 02/03/20 Attorney for Petitioner Sheila K. Sexton

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 20-RC-256091	Date Filed 2/11/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Tartine Partners LLC d/b/a Tartine Bakery 600 Guerrero St., San Francisco, CA 94110 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Zach Taylor, General Manager same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 415-487-2600 415-487-2600 zach.taylor@tartinebakery.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service bakery/restaurant bakery food and beverage services San Francisco, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: approx. 44 Included: see attachment 6b. Do a substantial number (30% or more) of the employees in he Excluded: see attachment unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recogni ion on or about Check One: (Date) (If no reply received, so state). no reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address none 8c Tel No 8d Cell No 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): as soon as possible, pref. not on Mon. or Tue. morning and afternoon windows at the employer's location 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1188 Franklin St., 4th Floor, San Francisco, CA 94109 International Longshore and Warehouse Union 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (415) 775-1302 (415) 775-0533 agustin ramirez@ilwu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Emily Maglio, attorney 13b. Address (street and number, city, state, and ZIP code) 1188 Franklin St., Ste. 201, San Francisco, CA 94109 13c Tel No 13d. Cell No. 13e Fax No. 13f F-Mail Address (415) 771-6400 (415) 771-7010 emaglio@leonardcarder.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Emily M. Maglio attorney 2/10/20 BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

### **Tartine Bakery**

#### 5.b.

**Included:** All baristas, pastry counter employees, servers, bread bakers, dishwashers, pastry bakers, pastry prep employees, prep cooks, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 20-RC-256131	Date Filed 2/11/2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Tartine Holdings JV LLC d/b/a Tartine All Day 1226 9th Ave., San Francisco, CA 94122 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Scott Mosier, General Manager same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 415-742-5005 310-699-0702 scott.mosier@tartinebakery.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service restaurant/bakery bakery food and beverage services San Francisco, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: approx 22 Included: see attachment 6b. Do a substantial number (30% or more) of the employees in he Excluded: see attachment unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recogni ion on or about Check One: (Date) (If no reply received, so state). no reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address none 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): as soon as possible, pref. not on Mon. or Tue. morning and afternoon windows at the employer's location 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1188 Franklin St., 4th Floor, San Francisco, CA 94109 International Longshore and Warehouse Union 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (415) 775-1302 (415) 775-0533 agustin ramirez@ilwu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Emily Maglio, attorney 13b. Address (street and number, city, state, and ZIP code) 1188 Franklin St., Ste. 201, San Francisco, CA 94109 13c Tel No 13d. Cell No. 13e Fax No. 13f F-Mail Address (415) 771-6400 (415) 771-7010 emaglio@leonardcarder.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Emily M. Maglio attorney 2/10/20 BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

#### **Tartine Inner Sunset**

#### 5.b.

**Included:** All baristas, baristas, bussers and support employees, dishwashers, line cooks, porters, pastry bakers, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 20-RC-256138	Date Filed 2/11/2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Tartine Partners LLC d/b/a Tartine Manufactory 595 Alabama St., San Francisco, CA 94110 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Suzanne Roberts, General Manager same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 415-757-0007 949-886-5880 suzanne.roberts@tartinebakery.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service bakery/restaurant bakery food and beverage services San Francisco, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: approx. 123 Included: see attachment 6b. Do a substantial number (30% or more) of the employees in he Excluded: see attachment unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recogni ion on or about Check One: (Date) (If no reply received, so state). no reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address none 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): as soon as possible, pref. not on Mon. or Tue. morning and afternoon windows at the employer's location 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1188 Franklin St., 4th Floor, San Francisco, CA 94109 International Longshore and Warehouse Union 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (415) 775-1302 (415) 775-0533 agustin ramirez@ilwu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Emily Maglio, attorney 13b. Address (street and number, city, state, and ZIP code) 1188 Franklin St., Ste. 201, San Francisco, CA 94109 13c Tel No 13d. Cell No. 13e Fax No. 13f F-Mail Address (415) 771-6400 (415) 771-7010 emaglio@leonardcarder.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Emily M. Maglio attorney 2/10/20 BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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#### **Tartine Manufactory**

#### 5.b.

**Included:** All bar preparation employees, baristas, bar backs, bartenders, bussers and support employees, hosts, pastry counter employees, servers, sommeliers, bread bakers, dishwashers, line cooks, sous chefs, porters, utility employees, pastry bakers, pastry prep employees, prep cooks, drivers, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE Case No. Date Filed 20-RC-256536 2/18/2020

#### NATIONAL LABOR RELATIONS BOARD RC PETITION

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?  (Name of labor organization)	in which the emplor of service showing (Form NLRB-505); with the NLRB and 1. PURPOSE OF THIS bargaining by Petitic requests that the N. 2a. Name of Employe	oyer concerned is loc g service on the empl and (3) Description of d should not be serve e PETITION: RC-CERTIES oner and Petitioner desires lational Labor Relations to	ated. The over and a frepreser d on the er cation of F to be certified	petition musi Il other partie Intation Case I Intation Case I Interpresentation I da representation I de dunder its pro I 2b. Ac	t be accompanied by es named in the petition Procedures (Form NL by other party. IVE - A substantial number ye of the employees. The pper authority pursuant to ddress(es) of Establishmer	both a showing of on of: (1) the petition of: (1) the petition of employees wish to Petitioner alleges the Section 9 of the Natics) involved (Street a	f interest (section; (2) State nowing of interest the following at the following attonal Labor Related number, city,	g circumstances exist and elations Act.	cate
808-538-6918  808-538-6918  808-538-6918  808-538-6918  808-538-6918  808-538-6918  808-538-6919  5s. Ciprand State where unit is located: Wholesaler, etc.)  Wholesaler of Unit Involved Included; Divers  5s. Ciprand State where unit is located: Honolulu, Hill  6s. No. of Employees in Unit Involved Included; Divers  Excluded: ANY AND ALL MANAGERS, SUPERVISORS, SUPERINTENDENTS, WATCHMEN, AND SECURIT PERSONNEL  Check One:	3a. Employer Repres	entative - Name and Title	er	1125	3b. Address (If same a		017		
Wholesaler   Ice Distribution   Honolulu, H   Sb. Description of Unit Involved Included: Drivers   Sc. Description of Unit Involved Involved Involved Including Involved Invol		3d.	Cell No.	17071470107140					
Included: Drivers  Excluded: ANY AND ALL MANAGERS, SUPERVISORS, SUPERINTENDENTS, WATCHMEN, AND SECURIT  PERSONNEL  Check One: 7 a. Request for recognition as Bargaining Representative was made on (Date) (If no reply received, so state).  To. Petitioner's currently recognized as Bargaining Representative was made on (Date).  8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  8b. Date of Recognized or Certified Bargaining Agent (If none, so state).  8c. Tel No. 8d Cell No. 8d Cell No. 8d Cell No. 8d Cell No. 8d. E-Fax No. 8f. E-Mail Address  8l. Date of Recognization or Certification under the Act.  8b. Date of Recognization or Certification Under the Act.  8c. Tel No. 8d Cell No. 8d Cell No. 8d Cell No. 8d. E-Fax No. 8f. E-Mail Address  8l. Date of Recognization or Certification Date of Gignent (if Most Recept Contract, if any (Month) Day, Year)  9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. 8h. Date of Recognition or Certification Date of Gignent (if Month Recept Contract, if any (Month) Day, Year)  9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. 8h. Date of Recognition or Certification  10. Organizations or individuals other than Petitioner and those named in litems 8 and 94. which have claimed recognition as representatives and other disparations and intense and strip of which the proper since (Month), Day, Year)  10c. Fax No. 10d. E-Mail Address  10c. Tel. No. 10d. E-Mail Address  10c. Fax No. 10d. E-Mail Address  10d. E-Mail Address  10d. Cell No. 12d. Fax No. 10d. E-Mail Address  10d. Barberthood of Teamsters  11d. Cell No. 12d. Fax No. 10d. E-Mail Address  10d. Barberthood of Teamsters  11d. Cell No. 12d. Cell No. 12d. Fax No. 10d. E-Mail Address  10d. Cell No. 12d. C	Wholesaler								ě.
PERSONNEL  Check One:  7a. Request for recognition as Bargaining Representative was made on (Date)  7b. Dettioner's currently recognized as Bargaining Representative and desires certification under the Act.  8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  None  8c. Tel No.  8d. Cell No.  8d. E-Mail Address  6dress of Cortract, if any (Month Day, Year)  7d. Year	5b. Description of Un Included: Drivers	it Involved						10 6b. Do a substantial number (	(30%
8a. Name of Recognized or Certified Bargaining Agent (if none, so state).  8b. Address  8c. Tel No.  8d Cell No.  9d If so, approximately how many employees are participating?  Contract, if any (Month) Day, Year)  Policy (Month) Day, Year)  9d If so, approximately how many employees are participating?  Only (Month) Day, Year)  Contract, if any (Month) Day, Year)  Contract, if a			SUPERVI	SORS,SUPI	ERINTENDENTS, W	ATCHMEN, AND	SECURITY	unit wish to be represented by	
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  8b. Address  8c. Tel No.  8c. Tel No.  8d. Cell No.  8d. Cell No.  8d. Cell No.  8e. Fax No.  8f. E-Mail Address  10c. Fax No.  10c.	Check One:	none	(Date) (If	no reply receive	ed, so state).			lined recognition on or about	
89. Affiliation, if any  8h. Date of Recognition or Certification  8l. Expiration Date of greent 6rMost Recognition or Certification  9l. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating?  (Name of labor organization)						certification direct the	, Act.		
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participaliting?  10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other diganizations and indignish known to have a representative interest in any employees in the unit described in item 5b above. (If none, 3o state)  10e. Fax No.  10e. Fax No.  10f. E-Mail Address  11election Details: If the NLRB conducts an election in this matter, state your position with respect to 1a. Election Type:    Manual   Mail   Mixed Manual/Mail and your details   Mail   Mixed Manual/Mail   Mixed Manual/Ma	8c. Tel No.	8d (	Cell No.		8e. Fax No.		8f. E-Mail Addr	ress # 8 E	
(Name of labor organization)	8g. Affiliation, if any				8h. Date of Recognition o	r Certification		y (Month; Day, Year)	
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and indigrible known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  10. Name  10. Address  10. Tel. No.  10. Fax No.  10. Fax No.  10. E-Matil Address  11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  11. Election Date(s):  11. Election Imm(s):  11. Election Date(s):  12. Election Date(s):  12. Election Date(s):  12. Election Date(s):			er's establishi	(5) (6)			nployees are pa	= co ×	S
10b. Address 10b. Address 10c. Tel. No. 10c. Tel. No. 10d. Gelf.No. 10d.	known to have a repre-	dividuals other than Petition sentative interest in any em	ner and those oployees in the	named in items e unit described	8 and 9, which have claim in item 5b above. (If none	ed recognition as rep , so state)	resentatives and	other organizations and indigr	Dinaie)
any such election.  11b. Election Date(s):  March 10, 2020  5:30AM-6:00AM  Hawaiian Ice Breakroom  12c. Full Name of Petitioner (including local name and number)  Hawaii Teamsters and Allied Workers, Local 996  12c. Full name of national cr international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12c. Full name of national cr international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12c. Full name of national cr international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12c. Full name of national cr international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12d. Tel No.  808-842-4575  13g. E-Mail Address (org86@hawaii.rr.com)  13g. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer  13b. Address (street and number, city, state, and ZIP code)  1817 Hart Street, Honolulu, Hawaii 96819  13c. Tel No.  808-842-4575  13d. Cell No.  808-842-4575  13f. E-Mail Address  asi@hawaiiteamsters.com  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print)  Asi Fakaosi  Title  Assistant to the President/ Organizer	10a. Name		10b. Addre	ess		1		10d. Cellino.	
March 10, 2020  5:30AM-6:00AM  12a. Full Name of Petitioner (including local name and number) Hawaii Teamsters and Allied Workers, Local 996  12b. Address (street and number, city, state, and ZIP code) 1817 Hart Street, Honolulu, Hawaii 96819  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12d. Tel No. 12e. Cell No. 12e. Cell No. 12f. Fax No. 808-842-4575  13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer  13b. Address (street and number, city, state, and ZIP code) 18t7 Hart Street, Honolulu, Hawaii 96819  13c. Tel No. 808-847-6633  13d. Cell No. 808-940-3540  13e. Fax No. 808-842-4575  13f. E-Mail Address asi@hawaiiteamsters.com  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print) Asi Fakaosi  Title Assistant to the President/ Organizer  Title Assistant to the President/ Organizer		If the NLRB conducts an el	ection in this	matter, state you	ur position with respect to	11a. Election Type	Manual	Mail Mixed Manual/N	lail
Hawaii Teamsters and Allied Workers, Local 996  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters  12d. Tel No. 808-847-6633  12e. Cell No. 808-842-4575  13b. Address (street and number, city, state, and ZIP code) 1817 Hart Street, Honolulu, Hawaii 96819  13c. Tel No. 808-847-6633  13d. Cell No. 808-842-4575  13e. Fax No. 808-842-4575  13f. E-Mail Address asi@hawaiiteamsters.com  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print) Asi Fakaosi  Title Assistant to the President/ Organizer  Title Assistant to the President/ Organizer	March 10, 2020		5:30AM-	6:00AM		Hawaiian Ice Bre	akroom		
International Brotherhood of Teamsters  12d. Tel No. 808-847-6633  12e. Cell No. 808-842-4575  12g. E-Mail Address loc996@hawaii.rr.com  13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer  13b. Address (street and number, city, state, and ZIP code) 1817 Hart Street, Honolulu, Hawaii 96819  13c. Tel No. 808-847-6633  13d. Cell No. 808-940-3540  13e. Fax No. 808-842-4575  13f. E-Mail Address asi@hawaiiteamsters.com  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print) Asi Fakaosi  Title Assistant to the President/ Organizer  Title Assistant to the President/ Organizer	Hawaii Teamsters and	Allied Workers, Local 99	16	320100152		1817 Hart Street, F			
808-847-6633  808-842-4575  13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer  13b. Address (street and number, city, state, and ZIP code)  13c. Tel No.  13c. Tel No.  808-847-6633  13d. Cell No.  808-940-3540  13e. Fax No.  808-842-4575  13f. E-Mail Address asi@hawaiiteamsters.com  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print) Asi Fakaosi  1 Title Assistant to the President/ Organizer  1 Title Assistant to the President/ Organizer	International Brotherho		ganization of	which Petitioner	r is an affiliate or constituer	nt (if none, so state)		Hann 200 100 100 100 100 100 100 100 100 100	
13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer  13b. Address (street and number, city, state, and ZIP code)  18t7 Hart Street, Honolulu, Hawaii 95819  13c. Tel No.  808-847-6633  13d. Cell No.  808-940-3540  13e. Fax No.  808-842-4575  14e. Fax No.  808-842-4575  14e. Fax No.  808-842-4575  14e. Fax No.  808-842-4575  15e. Fax No.  808-842-4575  16e. Fax No.  808-842-		12e.	. Cell No.						
13c. Tel No. 808-847-6633  13d. Cell No. 808-940-3540  13e. Fax No. 808-842-4575  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print) Asi Fakaosi  13f. E-Mail Address asi@hawaiiteamsters.com  17itle Assistant to the President/ Organizer  13f. E-Mail Address asi@hawaiiteamsters.com  13f. E-Mail Address asi@hawaiiteamsters.com	Contraction of the section of the se		South State of the State of St		13b. Address (street an	d number, city, state,			
Name (Print) Asi Fakaosi  Title Assistant to the President/ Organizer  Date 2/18/2020					13e. Fax No.	SANCE TO CONTRACT			
Asi Fakaosi Assistant to the President/ Organizer 2/18/2020	<u> </u>	ead the above petition an	d that the sta	atements are tr	.V.	wledge and belief.			
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE /8, SECTION 1001)	Asi Fakaosi	2900	fre	len.	Assistant to the Preside		///	8/2000	

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 20-RC-257148	Date Filed 2/28/2020					

INSTRUCTIONS: Unless e-Fi employer concerned is locat the employer and all other p Case Procedures (Form NLR	ed. The petition must arties named in the p	be accompanie etition of: (1) the	ed by both a petition; (2)	showing of Interest Statement of Posit	(see 6b below) an tion form (Form NL	d a certifica: .RB-505); an	e of service showing d (3) Description of Re	service on epresentation
PURPOSE OF THIS PETITI bargaining by Petitioner and requests that the National	Petitioner desires to b	e certified as rep	resentative of	f the employees. The	Petitioner alleges	that the foll	owing circumstances	
2a. Name of Employer: Wellpath			Address(es) o e Attachn	of Establishment(s) in nent A	nvolved (Street and	number, City	, State, ZIP code):	
3a. Employer Representative Debra Kolman Program Manager	- Name and Title:	So	noma Co	ame as 2b - state san unty Jail, Main ra Ave, Santa I	Adult Deten		ity (MADF)	
3c. Tel. No.	3d. Cell No. (707) 290-3		3e. Fax		3f. E-Mail	Address	na-county.org	
4a. Type of Establishment (Fac Detention Center (Hea	tory, mine, wholesaler,	etc.)		cipal Product or Servical & behavior	ice	5a. City ar	d State where unit is lo Rosa, CA	cated:
5b. Description of Unit Involv Included: See Attachment A	ed:			7 1 7		6a. Numbe	er of Employees in Unit:	
Excluded: See Attachment A						of the e	ubstantial number (30% employees in the unit wi ented by the Petitioner?	sh to be
Check One: 7a. Request f on or about (I 7b. Petitioner	Children and the state of the s	(If no rep	ly received, s	so state).	7. A . A . A . A . A . A . A . A . A . A	nd Employer	declined recognition	2.1
8a. Name of Recognized or C National Union of He	ertified Bargaining A althcare Worker	gent (If none, so s (NUHW)	12.	Address: 50 45th Street, neryville, CA 9				
8c. Tel. No. (510) 834-2009	8d, Cell No.		8e. Fax (510)	8e. Fax No. (510) 834-2019		8f. E-Mail Address		
8g. Affiliation, if any:			8h. Date of	Recognition or Certi			urrent or Most (Month, Day, Year)	
9. Is there now a strike or picke	ting at the Employer's	establishment(s)	involved? N	O If so, app	proximately how ma	ny employee	s are participating?	
(Name of Labor Organization 10. Organizations or individuals		and those named	in items 8 an	nd 9, which have clair			er since (Month, Day, Y	
Individuals known to have a None	representative interes	t in any employe	es in the unit	described in item 5b	above. (If none, so	state)		
10a. Name	10b.	Address			10c. Tel. N	lo.	10d. Cell No.	
			1		10e. Fax h	lo.	10f, E-Mail Address	
11. Election Details: If the NLF	RB conducts and electi	on in this matter,	state your po	sition with respect to	any such election:	11a. Electio		d Manual/Mail
11b. Election Date(s): March 18, 2020	11c. NA	Election Time(s)	9(s): 11d. E NA			on Location(s		
12a. Full Name of Petitioner (Including local name and number): National Union of Healthcare Workers (NUHW)					eet and number, cit treet, Suite 20 CA 94608		ZIP code):	-
12c. Full name of national or in None	ternational labor organ	zation of which F	Petitioner is a	n affiliate or constitue	ent (if none, so state	):		-78
12d, Tel. No. (510) 834-2009	12e. Cell No.			834-2019		nuhw.org	/rdraper@nuhw	org
13. Representative of the Pet 13a. Name and Title: Latika Malkani, Esq.	itioner who will accep	t service of all	13b. Add SIEGE	urposes of the repredess (street and nun EL LEWITTER Harrison Street,	nber, city, State and MALKANI	ZIP code):	94612	
13c. Tel. No. (510) 452-5000	13d, Cell No.		13e. Fax No. (510) 452-5004		lmalka	13f. E-Mail Address lmalkani@sl-employmentlaw.com		
I declare that I have read the Name (Print) Latika Malkani	above petition and th	Cianatura	4 0 - 4	the best of my kno Waltowi	Tite Counsel fo	1.7.3.73		Date 02/27/20

#### Attachment A

to RC Petition filed by National Union of Healthcare Workers (NUHW)

#### 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

Sonoma County Jail consists of two facilities:

- Main Adult Detention Facility (MADF)
   2777 Ventura Ave
   Santa Rosa, CA 95403
- North County Detention Facility (NCDF)
   2254 Ordinance Rd
   Santa Rosa, CA 95403

#### **5b.** <u>Description of Unit Involved</u>:

**Included:** All full-time, regular part-time and per diem professional employees

employed by the employer at or from Sonoma County Main Adult Detention

Facility and North County Detention Facility, in the following job

classifications:

Licensed Vocational Nurse, Nurse Practitioner, Registered Nurse, Certified Nursing Assistant, Substance Abuse Counselor, Physician's Assistant, Licensed Clinical Social Worker, Marriage Family Therapist, Licensed Counselor, Licensed Marriage Family Therapist, Discharge Planner, Administrative Assistant, Unit Secretary, Medical Records Clerk, Clerk,

**Dental Assistants** 

**Excluded:** All other employees, confidential employees, employees represented by other

labor organizations, guards and supervisors as defined by the National Labor

Relations Act.

FORM NLRB-502 (RD)

### UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE Date Filed 2/3/2020 20-RD-255613

Case No. NATIONAL LABOR RELATIONS BOARD (2-18)**RD PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/), submit an original of this Patition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) PEPSI BEVERAGE COMPANY 7550 REESE ROAD, SACRAMENTO CA 95828 3a. Employer Representative - Name and Title
MATQUES BUTTIS/ST HT REP 3c. Tel. No. 3e. Cell No. MATQUES BURRIS (2 PEPSICO : COM 7110 423 0172 916 905 9957 REVERAGE INDUSTRY / WARRHOUSE + WANSPORT 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beverages/ SOOA ETC 5a. Description of Unit Involved 5b. City and State where unit Included: ALL EMPLOYEES LISTED IN THE CBA SACRAMONTO California Excluded: EMPLOYEES NOT LISTED DEPARTMENT NOT LISTED 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No 86. Affiliation, if any AFL-CIO, CLC 8a. Name of Recognized or Certified Bargaining Agent UNITED STEEL WORKERS LOCAL 565 SACRAMENTS Does 8g. E-Mail Address USW5105local & gnulliron 10. Expiration Date of Current or Most Recent Contract, if any (Month, Dey, Year) 9. Date of Recognition or Certification APRIL 2020 1 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes 11b. If so, approximately how many employees are participating? a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) since (Month, Day, Year) 12. Organizations or Individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a. Name 12h Address 12d. Fax No. 12e. Cell No. 12f E-Mail Address 13. Election Details: If the NLRB conducts an election in this Mixed Manual/Mail 13a. Election Type: Manual Mail matter, state your position with respect to any such election. 13b. Election Date(s) 13c. Election Time(s) 13d. Election Location(s) (b) (6), (b) (7)(C) 14b. Tel. No. 14c. Fax No. number, city, state, ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14f. Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a. Name 15b.Title 15d. Tel. No. 15e. Fax No. 15c. Address (Street and number, city, state, ZIP code) 15f. Cell No. 15q. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS P

(b) (6), (b) (7)(C)

IISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Date Filed

nature (b) (6), (b) (7)(C)

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Date Filed 2 7 2020

RC F	1-RC-255961		2-7-2020			
INSTRUCTIONS: Unless e-File in which the employer concer of service showing service on	ned is located. The petition	on must be	accompanied by	both a showing o	f interest (se	e 6b below) and a certificate
(Form NLRB-505); and (3) Des	cription of Representation	Case Proc	edures (Form NL			
with the NLRB and should not 1. PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petitic requests that the National Labor	C-CERTIFICATION OF REPRES	SENTATIVE - presentative of	A substantial number the employees. The	Petitioner alleges th	at the following	circumstances exist and
2a. Name of Employer HCA Riverside Community H		2b. Address	s(es) of Establishmen	nt(s) involved (Street a Riverside, CA 92	nd number, city,	
3a. Employer Representative – Narr Joseph Peccoralo, Dir. Employee & Lab		55,000	. Address (If same a	s 2b – state same)		
3c. Tel. No. 951,788,3116	3d. Cell No. 951,202,3749	Зе	, Fax No.		3f. E-Mail Addr	ress coralo@hcahealthcare.com
4a. Type of Establishment (Factory, n Medical Facility		2.2	or service	1		and State where unit is located:
5b. Description of Unit Involved Included: All Supply chain ted	chs. Radiation Therapists	Radiation	Coordinators N	luclear Medicine		6a. No. of Employees in Unit:
Technologists and Excluded: All other classifications, by the Act.	Nuclear Medicine Techno including but not limited to gua	ologist Lead ards, manage	ds. rs, confidential empl	loyees and superviso		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes  No
H	for recognition as Bargaining Re [Date] (If no reply er is currently recognized as Bargaining Agent (If none, so	y received, so gaining Repres	state).			ined recognition on or about
8c. Tel No.	8d Cell No.	8e	. Fax No.	T	8f. E-Mail Addr	ess
8g Affiliation, if any		8h. [	Date of Recognition o	r Certification	Date of Current or Most Recent or (Month, Day, Year)	
Is there now a strike or picketing at     (Name of labor organization)	the Employer's establishment(s)	200			nployees are par	ticipating?
Organizations or individuals other known to have a representative interest None	than Petitioner and those named	I in items 8 and	d 9, which have claim	ed recognition as repr	resentatives and	other organizations and individuals
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.
			1	10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB cor any such election.</li> </ol>			ition with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): February, 26, 2020	11c. Election Tim 6am-8am, 11am			11d. Election Location(s): Conference Room in G Tower on 4th, 5th or 6th floor		
12a. Full Name of Petitioner (including Service Employees International United 12a - 12a		rs-West		12b. Address (street 5480 Ferguson Dr		aty, state, and ZIP code) es, CA 90022
12c. Full name of national or internation Service Employees International Uni		etitioner is an	affiliate or constituen	nt (if none, so state)		
12d. Tel No. (323) 734-8399	12e. Cell No.	(32	f. Fax No. 3) 721-3538	,	12g. E-Mail Ad	dress
13a. Name and Title William T		131	b. Address (street and	sentation proceeding d number, city, state, a sy, Suite 200. Alameda, C	and ZIP code)	
13c. Tel No. (510) 337-1001	13d. Cell No.		e. Fax No. 0) 337-1023		13f. E-Mail Add whanley@unionco	dress punsel.net, nirbnotices@unioncounsel.ne
I declare that I have read the above	·			vledge and belief.	Date	
Name (Print) William T. Hanley	Signature	Z- Atto	orney		February 7,	2020

Attorney WILLFUL FALSE STATEMENTS ON THIS PETIFION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA). 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

Case No 21-RC		
Case NO I DO	SEE	062
ZI-KU	- 477	900

DO NOT WRITE IN THIS SPACE

Date Filed 2-07-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) HCA Riverside Community Hospital 4445 Magnolia Avenue, Riverside, CA 92501 3a. Employer Representative -- Name and Title 3b. Address (If same as 2b -- state same) Joseph Peccoralo, Dir. Employee & Labor Relations, HCA Human Resources Grp. Same 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 951.788.3116 951.202.3749 joseph.peccoralo@hcahealthcare.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine. wholesaler, etc.) 4b. Principal product or service Medical Facility Health Care Riverside, CA 6a. No. of Employees in Unit. 5b. Description of Unit Involved 12 Included: All Medical Social Workers. 6b. Do a substantial number (30%) or more) of the employees in the Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined unit wish to be represented by the by the Act Petitioner? Yes V. No Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8c Tel No Se Fax No. 8f, E-Mail Address 8i. Expiration Date of Current or Most Recent 8g Affiliation, if any 8h Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c Tel No. 10d Cell No 10a. Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11 Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: Manual Mail Mixed Manual/Mail any such election. 11c Election Time(s) 11d. Election Location(s): 11b. Election Date(s): Conference Room in G Tower on 4th, 5th or 6th floor February, 26, 2020 6am-8am. 11am-2pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Service Employees International Union, United Healthcare Workers-West 5480 Ferguson Drive, Los Angeles, CA 90022 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12d. Tel No. 12e. Cell No 12g. E-Mail Address (323) 734-8399 (323) 721-3538 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title William T Hanley 13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13d. Cell No. 13e. Fax No 13f. E-Mail Address 13c. Tel No (510) 337-1001 (510) 337-1023 whanley@unioncounsel.net; nlrbnotices@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. William T. Hanley February 7, 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-256355

2-14-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.nlrb.gov/ |, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Coronado Island Marriott Resort & Spa 2000 2nd St. Coronado, CA 92118 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Jonathan Litvack Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 619-435-3000 Jonathan.litvack@marriott.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Hotel Accommodation San Diego, CA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full time, part time & on-call banquet captains, banquet servers, banquet-31 bartenders, lead banquet houseman & banquet houseman 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No Excluded: All other Employees, including supervisors, guards, clerical employees and sales empl. Check One: 🗵 7a. Request for recognition as Bargaining Representative was made on (Date) By this petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s) 11c. Election Time(s) 11d. Election Location(s). February 28, 2020 7:00 am - 11:00 am; 1:30 pm - 5:00 pm Meeting Room TBD 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code). UNITE HERE Local 30 2436 Market St. San Diego, CA 92102 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g E-Mail Address 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b, Address (street and number, city, State and ZIP code): Eric B. Myers 595 Market Street, Suite 800 San Francisco, CA 94105 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 415-597-7200 ebm@msh.law I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature) Name (Print) 2/14/2020 ERIC BHYERS Horney

WILLFUL FALSE STATEMENTS ON THIS PETITION ON BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

**RC PETITION** 

DO NOT WRITE IN THIS SPACE Case No. 2-21-2020 21-RC-256733

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Martin Brower 21489 Baker Parkway, City of Industry CA 91789 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Wayne Luter, General Manager Same 3c. Tel. No. 3d. Cell No. 3e Fax No. 3f F-Mail Address 909-610-6603 ELuter@martin-brower.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Warehouse Food distribution City of Industry 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Shipping, receiving, and transportation clerks employed by the Employer at its facility located in City of Industry. 6b. Do a substantial number (30% or more) Excluded: All other employees including managerial, professional, security guards, and of the employees in the unit wish to be represented by the Petitioner? X supervisors as defined in the Act. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition 2/12/2020 2/17/2020 (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8c Tel No 8d Cell No 8e Fax No 8f F-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved?  $N_0$ If so, approximately how many employees are participa ing? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Pe itioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a, Name 10b Address 10c Tel No 10d Cell No 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11d. Election Location(s) 11c. Election Time(s): 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local 63 927 Village Oaks Drive, Covina, CA 91724 12c. Full name of national or interna ional labor organiza ion of which Peti ioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d Tel No. 12g. E-Mail Address 12e Cell No 12f. Fax No. 626-859-4005 mperez@local63.net; (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Tile: 13b. Address (street and number, city, State and ZIP code): 3625 Ruffin Road, Suite 300, San Diego, CA 92123 Raquel Ortega, Attorney 13c. Tel. No. 13f. E-Mail Address 13d Cell No 13e Fax No 619-297-6900 rao@sdlaborlaw.com I declare that I have read the above petition and that the statement\ are true to the best of my knowledge and belief. Name (Print) Signatur 2/19/2020 Raquel Ortega Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT/STATEMENT

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

Case No.

21-RC-256763

DO NOT WRITE IN THIS SPACE

2-21-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB 505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Katmai Government Services Camp Pendleton, CA 92055 3a. Employer Representative Name and Title: 3b. Address (if same as 2b - state same): Debbie Dunn, Director of HR 12001 Science Drive, Suite 160, Orlando, FL 32826 3f. E Mail Address 407,480,5683 407.480.1492 407.281.6093 x229 ddunn@katmaicorp.com 407.613.2009 (Direct) 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal Product or Service Military Contractor Military Support Camp Pendleton, CA 5b. Description of Unit Involved: 6a Number of Employees in Unit: included: All full-time and regular part-time Laborers; Electronic Technician Maintenance I, II, and III; Data Entry Clerks; General Maintenance Workers; Computer Operator I and II; Heavy 6b Do a substantial number (30% or more) Equipment Operators; and System Support Specialists. of the employees in the unit wish to be Excluded: All guards and supervisors as defined by the Act. represented by the Petitioner? X Yes No X 7a. Request for recognition as Bargaining Representative was made on (Date) By petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8f. E Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8g. Affiliation, if any. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Is there now a strike or picketing at the Employer(s) establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10a. Name 10b. Address 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): n/a Mail ballot n/a Mail ballot n/a Mail ballot 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 5150 Kearney Mesa Blvd, San Diego, CA 92111 International Association of Machinists and Aerospace Workers, District Lodge 725 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO 12e Cell No. 12g E Mail Address 12d Tel. No. (619) 906-0394 imauldin@iam725.org 13. Representative of the Petitioner who will accept service of all papers for for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Weinberg, Roger & Rosenfeld David W. M. Fujimoto, Attorney 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E Mail Address 510-337-1023 NLRBnotices@unioncounsel.net 510-337-1001 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title David W. M. Fujimoto Attorney 2/21/2020

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 21-RC-256928

Date 12-256928

2-25-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Southern California Edison 8631 Rush Street 3rd Floor, Rosemead, CA 91770 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same) Steven Crowell same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 949-390-4423 steven.crowell@sce.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Electric Utility Electricity Rosemead, California 5b. Description of Unit Involved: 6a. Number of Employees in Unit Included: See Attachment A. 850 6b. Do a substantial number (30% or more) Excluded: See Attachment A of the employees in the unit wish to be represented by the Petitioner? X Yes No Check One. 🗓 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition 2/25/20 on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Bc. Tel. No. 8d, Cell No. 8f. E-Mail Address Be, Fax No. 8a Affiliation if any: 8h. Date of Recognition or Certification 8i Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b. Address 10c Tel No. 10d Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type Manual X Mail Mixed Manual/Mail 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s) 3/16 - 4/6/20 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number). Engineers and Scientists of California Local 20, 810 Clay St. Oakland, CA, 94607 IFPTE, AFL-CIO/CLC 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Federation of Professional and Technical Engineers, AFL-CIO & CLC 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 510-238-8320 510-384-7088 510-238-8324 jwright@ifpte20.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Jonathan Cohen and Hannah Weinstein, Attorneys 510 South Marengo Avenue Pasadena, California 91101-3115 13c. Tel. No. 13d, Cell No 13e. Fax No. 13f. E-Mail Address (626) 577-0124 jcohen@rsglabor.com or hweinstein@rsglabor.com (626) 796-7555 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature 2/25/20 Organizing Director Jonathan T. Wright

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

#### Attachment A

To RC petition filed on 2/26/2020 by ESC Local 20, IFPTE (ESC):

#### 5b. Description of Unit Involved:

#### Included:

All Tech Spec, Assoc Specs (Field Planning Technicians) in Transmission and Distribution.

Design/Drafting, Assoc Specs (Designer 1s) and Design/Drafting, Specialists (Designer 2s) in Transmission and Distribution, except for in Engineering.

Planning, Assoc Spec trainees (Planner 1 trainees), Planning, Assoc Specs (Planner 1s), Planning, Sr Spec (Planner 2s), and Planning, Advisors (Planner 3s) in Transmission and Distribution, except for in Substation Construction and Maintenance.

#### Excluded:

All Planners in Substation Construction and Maintenance; all Planners in Generation and Edison Carrier Solutions; all Designers in Engineering; and all other employees, including confidential employees, guards, managers, and supervisors as defined by the Act.

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No.		Date Filed						
22-F	RC-25558	2/3/2020						

		KC PE IIII	ON					22-RC-25	558		2/3/2020
INSTRUCTIONS: Unless e- employer concerned is loc the employer and all other Case Procedures (Form NI	ated. The petition parties named in	must be accor the petition of:	npanied by be (1) the petition	oth a s on; (2)	showing of Interest Statement of Positi	(see 6b belo ion form (Fo	w) an m NL	d a certifica LRB-505); ar	te of service id (3) Descrip	showing tion of R	service on Representation
PURPOSE OF THIS PETI bargaining by Petitioner a requests that the Nation	nd Petitioner desire	s to be certified	as representa	tive of	the employees. The	Petitioner al	leges	that the fol	lowing circun	nstances	
2a. Name of Employer:			2b. Address	s(es) o	f Establishment(s) in	volved (Stree	t and	number, City	, State, ZIP co	ode):	
Planned Lifestyle Service	s, affiliated		The Shipy	ard, 2	2 12th Street,1 Ind	ependence	Cour	t, and 1 14	th Street,		
with and related to Planne	ed Companies		Hoboken,	NJ 07	7030						
3a. Employer Representativ	e - Name and Title	:	3b. Address	(if sai	me ás 2b - state sam	ne):					
Robert Francis, Pre	eident		150 Sm	ith R	Road						
Trobert Francis, Fre	Siderit		Parsinn	anv	NJ 07050						
3c. Tel. No. 973-739-0080	3d. Cell No	D.		Fax N		3f. E-	Mail /	Address			
4a. Type of Establishment (Fa	actory, mine, whole	saler, etc.)			pal Product or Services	ce		5a. City an	d State where	unit is lo	ocated:
5b. Description of Unit Invo	lved:		- 112	241741	NO INVESTIGATION OF THE PARTY O			6a. Numbe	r of Employee	s in Unit	
Included: All full-time and r	egular part-time	concierges/fro	nt desk					21			
Excluded: Supervisors, co	nfidential employ	ees and guard	ds as defined	by th	ne act			of the	ubstantial num employees in tented by the P	he unit w	
Check One: 7a. Request on or about	(Date)	(If	no reply receiv	ed, so		tion under the	-	d Employer	declined recog	nition	
8a. Name of Recognized or				_	ddress:	tion under tite	ACL.				
none											
8c. Tel. No.	8d. Cell No		8e.	Fax N	0.	8f. E-l	8f. E-Mail Address				
8g. Affiliation, if any:			8h. Da	te of F	Recognition or Certific				rrent or Most Month, Day,	rear)	
Is there now a strike or pick (Name of Labor Organizatio     Organizations or individual individuals known to have	n) s other than Petitic	ner and those n	a <i>m</i> ed in items	8 and	9, which have claims	, has pic	keted as re	the Employe	s are participal er since (Mont es and other o	h, Day, Y	
none 10a. Name		10b. Address				10c. T	ol No	. 1	10d. Cell No.		
TOB. INGINE		IUD. Address				100.1	el. No		iod. Cell No.		
						10e. Fax No.			10f. E-Mail Address		
11. Election Details: If the NL	RB conducts and	election in this ma	atter, state you	ur posi	tion with respect to a	iny such elect	ion:	11a. Election Manua	1	Mixe	d Manual/Mail
11b. Election Date(s): 2/18/2020		11c. Election Tir 7:30-8:30am,		n, 5:3	0-7:30			n Location(s reet, Packa			
12a. Full Name of Petitioner ( SEIU Local 32BJ	fincluding local nam	ne and number):			12b. Address (stree 494 Broad Stree Newark, NJ 071	et, 3rd Floor		, State and Z	IP code):		
12c. Full name of national or in Service Employees Intern		ganization of wh	nich Petitioner	ls an a	affillate or constituent	t (if none, so s	tate):				
12d. Tel. No. 937-827-3225	12e. Cell N	).		Fax N 2-236	o. 3-3605	12g. E	-Mail	Address			
13. Representative of the Pet	itioner who will a	ccept service of									
13a. Name and Title: Brent Garmen, Deputy Ge	eneral Counsel		25	West	ess (street and numb 18th Street k NV 10011	er, city, State	and a	ZIP code):			
13c. Tel. No. 212-388-3943	13d. Cell No 917-208-		13e.	New York, NY 10011 13e. Fax No. 212-388-2062				Address			
	1015 512							seiu32bj.o	9		
declare that I have read the Name (Print)	above permon an	Signalore		e to tr	e sest or my know	Title	niet.				Date
Brent Garren		100	ant	1	w-		Gene	ral Counse	1		1/31/2020
		V -1		-							The second secon

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN T	HIS SPACE	
Case No.	Date Filed	
22-RC-255638	FEB 3	2020

			100	- Mariant Are	22-K	C-2556	038	FEB 3	, 202
employer concerned is loca the employer and all other	Filed using the Agency's we ated. The petition must be a parties named in the petitio .RB 4812). The showing of i	occompanied on of: (1) the	by both a sh petition; (2) S	lowing of interest (	see 6b below) an on form (Form NL	d a certifica .RB-505); an	te of service s d (3) Descripti	howing service ion of Represer	on
bargaining by Petitioner ar	TION: RC-CERTIFICATION ( nd Petitioner desires to be cer al Labor Relations Board pr	rtified as repre	esentative of the	ne employees. The I	Petitioner alleges	that the foll	owing circum	stances exist a	
2a. Name of Employer: Village Supermarket East Orange	s, Inc., d/b/a Shoprite	e of 533	ddress(es) of Main Str	Establishment(s) inveet, East Oran	volved (Street and ge, NJ 07018	number, City	, State, ZIP cod	de):	
3a. Employer Representativ James Stevens, HR I	e - Name and Title: Director	3b. A 733	ddress (if sam Mountair	ne as 2b - state sam n Avenue, Spr	e): ingfield, NJ (	07081			
3c. Tel. No. 973-467-2200	3d, Cell No.		3e. Fax No	D <sub>L</sub>	3f. E-Mail	Address			
4a. Type of Establishment (Fa Supermarket			4b. Princip Food S	al Product or Service ales	e		range, NJ		
5b. Description of Unit Involuded: All Full and regular p Excluded: See attached.		ce and car	t personne	el		6b. Do a s	employees in th	s in Unit: ber (30% or mone unit wish to be	9
Check One: 🔀 7a. Request on or about 7b. Petitions 8a. Name of Recognized or None	(Date) 1/31/2020 er is currently recognized as 8	(If no reply Bargaining Re	received, so presentative a	state).	A 40.5	nd Employer	declined recogn		a [] MO
8c, Tel. No.	8d. Cell No.		Be. Fax No	o.	8f. E-Mail	8f. E-Mail Address			
8g. Affiliation, if any:						8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
Is there now a strike or pick     (Name of Labor Organization)	Service and the service and the service and the	olishment(s) ii	volved? No	If so, appr	roximately how ma		s are participat er since (Monti	1	
10. Organizations or individual individuals known to have N/A	ils other than Petitioner and the a representative interest in a						es and other or	ganizations and	
10a. Name	10b. Add	ress		-	10c. Tel. N	lo.	10d. Cell No.		
	- 4				10e. Fax N	10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the N	LRB conducts and election in	this matter, s	tate your posi	tion with respect to	any such election:			Mixed Manu	ual/Mail
11b. Election Date(s): March 5, 2020	11c. Elec 7:00an	tion Time(s): n-8:00am	s): im and 4:00pm to 5:00pm   11d. Electi Break F			ion Location(s): Room			
12a, Full Name of Petitioner UFCW Local 1262	r (including local name and nu	umber):		12b, Address (stre 1389 Broad S					
12c. Full name of national or i United Food and Cor		on of which Pe	etitioner is an a	affiliate or constituen	it (if none, so state	):			
12d, Tel. No. 973-777-3700	12e. Cell No. 732-496-7232		12f. Fax N 973-77		12g. E-Ma dmerrit	il Address t@ufcwl	ocal1262.0	rg	
13. Representative of the Po 13a. Name and Title: Don Merritt, Asst. Fiel		rvice of all p	13b. Addn	poses of the represess (street and num road Street, Cli	ber, city, State and	ZIP code):			
13c, Tel. Nó. 973-777-3700	13d. Cell No. 732-496-7232		13e. Fax 1 973-77			13f. E-Mail Address dmerritt@ufcwlocal1262.org			
I declare that I have read the			are true to t	he best of my know				16.77	
Name (Print) Signatu Don Merritt		ignature	A	Asst. Field	Asst. Field Director Date 2/3/2020				

Cont'd from RC Petition 5b - Description of Unit involved:

1-

Excluded: All Store Managers, supervisors, temporary employees, clerical employees and guards as defined by the Act as well as all other employees.

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#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 22-RC-255828	Date Filed 2/6/2020					

in which the employer c of service showing serv (Form NLRB-505); and (: with the NLRB and show	oncemed is loca ice on the emplo 3) Description of ild not be served	ted. The petition yer and all other p Representation C on the employer	must be acc parties name ase Proced or any other	companied by ed in the petition ores (Form NL party.	both a showing o on of: (1) the petit RB 4812). The sh	f interest (se ion; (2) Stat lowing of in	terest should only be filed		
PURPOSE OF THIS PETIT bargaining by Petitioner and requests that the National     Name of Employer	i Petitioner desires to	o he certified as repres oard <b>proceed under</b> l	sentative of the its proper auti	employees. The ority pursuant to	Petitioner alleges the Section 9 of the Na	at the followin tional Labor R	g circumstances exist and relations Act.		
Oldcastle APG		1.	103 Yellow I	s) of Establishmer Brook Rd Fari	nt(s) involved (Street a	nd number, city 31	y, State, ZIP code)		
3a. Employer Representative			3b. A	ddress (If same a	s 2b - state same)	5/			
Albert Rocco, Transpor			Same						
3c Tel No. 732-919-2022	30. 0	ell No.	3e. Fa	1000000			E-Mail Address occo@oldcastle.com		
4a Type of Establishment (Fa Factory & Distribution Fa	acility	(der. etc.) 4b. Princip Concrete	pal product or s e Block	ervice			and State where unit is located:		
5b. Description of Unit Invol		Avenue a limbara mala		Tours of the na	inevalues of	A 100 17	6a. No. of Employees in Unit:		
Included: All full-time and facility:  Excluded: All production and			5. 6.0.			100	8b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes / No		
	NONE Petitioner is currently	on as Bargaining Repr _{Dete} (If no reply n recognized as Bargain Agent (If none, so s	eceived, sa sta ning Represent	16).	certification under the		dined recognition on or about		
8c. Tel No.				Se. Fax No.			8f, E-Mail Address		
8g. Affiliation, if any			8h. Date				i. Expiration Date of Current or Most Recent contract, if any (Month, Day, Year)		
Is there now a strike or pick.     (Name of labor organization     Organizations or individual known to have a representative)	s other than Petition	, h er and those named in	as picketed the	Employer since (	Month, Day, Year)		articipaling? d other organizations and individuals		
10a. Name		10b. Address			10c. Tel. No.		10d. Cell No.		
None		17.			10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the N	LRB conducts an ele	ction in this matter, sta	ate your position	n with respect to	11a Election Type: Manual		Mail / Mixed Manual/Mail		
any such election. 11b. Election Date(s): February 27, 2020		11c. Election Time 5:45 to 6:15 A.M.	(s):		11d. Election Location(s):				
12a. Full Name of Petitioner (Including local name and number) Local 641, International Brotherhood of Teamsters					Driver's room, 103 Yellow Brook Rd Farmingdale NJ 07731  12b. Address (street and number, city, state, and ZIP code)  714 Rahway Ave., Union, NJ 07083				
12c Full name of national or in	nternational labor org	anization of which Pet	illioner is an aff	iliate or constitue		210200 EU			
International Brotherhood of 1	-	2.4.10			A Committee of the Committee of				
12d. Tel No. 908-686-8898		Cell No.	908-96	ex No. 34-6970	Jimmy		. E-Mail Address ny Kilkenny <local641@aol.com></local641@aol.com>		
13. Representative of the Pe 13a. Name and Title Rayr			1 135. 4	Address (street an	sentation proceeding of number, city, state, 307, Iselin, NJ, 08830	A			
13c, Tal No.	Sec. 18, 1941	Cell No.	13e. F	13e, Fax No. 13f.			f. E-Mail Address		
732-491-2104 I declare that I have read the		56-8287		91-2120	dedes and before	rheineman@k	crollfirm.com		
Name (Print) Raymond G. Heineman	Signature	The	Title Attorne	ey	wiedge and belief.	Date February (	5, 2020 E 18, SECTION 1001)		

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
22-RC-256239	FEB 11, 2020						

ROTEITION						22	22-RC-256239 FEB 11, 2020					
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must named in the	ust be accom petition of: (	panied b	y bo	th a sh	owing of Interest (s tatement of Positio	ee 6b n forn	below) and n (Form NLF	a certificat B-505); and	e of service show d (3) Description	ving se of Rep	rvice on resentation
PURPOSE OF THIS PETITION: F     bargaining by Petitioner and Petiti     requests that the National Labo	lioner desires to	be certified a	as represe	entati	ve of th	e employees. The P	etition	ner alleges t	hat the follo	owing circumsta	nces e	
2a. Name of Employer:  2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  1501 Cottontail Lane, Somerset, NJ 08873												
3a. Employer Representative - Nan Richard Dobrzynski, SR M			3b. Add same		(if sam	e as 2b - state same	ı):				33.75	
3c, Tel, No. 732-805-3100	3d. Cell No.	- Arri		3e.	Fax No			3f. E-Mail Address Richard.Dobrzynski@nissan-USA.com			.com	
4a. Type of Establishment (Factory, Parts Warehouse	mine, wholesal	er, etc.)			Princip ssan	al Product or Service parts	,		5a. City an	set, NJ	t is loca	sted:
5b. Description of Unit Involved: Included: Parts Warehouse Pickers									6a. Numbe 64	r of Employees in	Unit:	
Excluded: Supervisory and Manager	ial Employ	yees							of the e	ibstantial number mployees in the unted by the Petiti	init wish	to be
Check One: 7a, Request for reconn or about (Date) 7b, Petitioner is cur		(if r	no reply r	eceiv	ed, sa	state).	on und		Employer	lectined recognition	on .	
8a. Name of Recognized or Certifier				_	8b. Ad		OII dile	iei iie Acc				
8c. Tel. No.	8d. Cell No.			8e.	Fax No			8f. E-Mail Address				
8g. Affiliation, if any:		100	8	h, Da	te of R	ecognition or Certific	ation	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing a	t the Employer	's establishme	ent(s) inv	olved	? No	If so, appro	oximat	ely how man	y employees	are participating	?	
(Name of Labor Organization)							۱,	has picketed	the Employe	er since (Month, E	ay, Ye	ar)
Organizations or individuals other     individuals known to have a representation.										es and other orga	nization	s and
10a. Name 10b. Address							10c. Tel. No.		10d. Cell No.			
								10e. Fax No. 10f. E-Mail Add			ess	
11. Election Details: If the NLRB co UAW Region 9 be recogn	nducts and ele	ction in this m e bargaini	atter, sta ng age	te you	or the	on with respect to a warehouse pa	ny suc arts p			19 10 15 15 15 15 15 15 15 15 15 15 15 15 15	Mixed	Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 11c. Election Time(s): 10:00 AM to 9:00					Л		11d. Election Location(s): Nissan, Somerset, NJ					
12a. Full Name of Petitioner (Include Int'l Union, UAW Region	19					12b. Address (stree 1930 Mariton	Pik	e East, Si	iite W-1	ZIP code): 09, Cherry I	Hill, N	VJ 08003
12c. Full name of national or internat International United Auto	mobile, A	anization of w erospace o	hich Petit & Agri	cul	is an a tural	ifiliate or constituent Implement Wo	orke	ne, so state): rs of Am	erica, UA	ΑŴ		
12d. Tel. No. 215-591-0830 12e. Cell No. 856-220-7521					Fax N 5-59	î. 1-0837		12g. E-Mail Address pashton@uaw.net				
13. Representative of the Petitioner who will accept service of all papers for pur 13a. Name and Title:  Patrick Ashton, Int'l Representative  13b. Addr. 1930 M					oses of the represess (street and numb arlton Pike East	er, cit	y, State and	ZIP code):	III, NJ 0800:	3		
13c. Tel. No. 13d. Cell No. 856-220-7521				21		1-0837		pashton(	3f. E-Mail Address pashton@uaw.net			
I declare that I have read the above	e petition and			re tr	ue to th	e best of my know						Date
Name (Print) Patrick Ashton		Signatur	to	.1	a	lt-	Int	t'l Repres	entative			02/11/20

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
22-RC-256452	2/18/2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.nirb.gov/ |, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code). Suez Water 60 DeVoe Place, Hackensack, NJ 07601 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): 200 Old Hook Road, Harrington Park, NJ 07640 Eva Martinez, Labor Relations Director 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 201681-7675 eva.martinez@suez.com 2017503427 2017677142 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Hackensack, NJ 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 5 All full time and regular part time equipment operators. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? All guards, managers and supervisors as defined in the act. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b Address 8c, Tel, No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a Name 10b Address 10c Tel No. 10d Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: At Employer Premises X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 12, 2020 To be determined To be determined 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Utility Workers Union of America, AFL-CIO 42 Ravenwood Blvd, Barnegat, NJ 08005 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Utility Workers Union of America, AFL-CIO 12g. E-Mail Address 12f. Fax No. 12d. Tel. No. 12e. Cell No. 6096070651 6096183176 6096070679 bobhouser@uwua.net 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 42 Ravenwood Blvd, Barnegat, NJ 08005 Robert A. Houser, Director of Organizing 13d Cell No. 13f. E-Mail Address 13c. Tel. No. 13e, Fax No. 6096070651 6096183176 6096070679 bobhouser@uwua.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Robert A. Houser Director of Organizing 2/11/20

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

22-RC-256848

DO NOT WRITE IN THIS SPACE

Date Filed

2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): **Eurest Compass** 1 Johnson & Johnson Plaza New Brunswick, NJ 08933-0001 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Gary Wang 2400 Yorkmont Road Charlotte, NC 28217 3c, Tel. No. 3d. Cell No. 3e. Fax No. 3f F-Mail Address 704-328-4000 Gary. Wang@compass-usa.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Office Building Janitorial Services New Brunswick, NJ 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 25 All full-time and regular part-time janitors and maintenance employees 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No All other employees, office employees, supervisors and guards as described in the Act Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Local 1931 420 W. Merrick Road Valley Stream, NY 11580 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 516-825-1851 8g. Affiliation, if any: 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) CBA Expired 9. Is there now a strike or picketing at the Employer's establishment(s) involved?  $N_0$ If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10s. Name 10b Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3/9/2020 2pm - 6pm Conference Room 1, J & J Plaza 12a. Full Name of Petitioner (including local name and number): 12b Address (street and number, city, State and ZIP code): 494 Broad Street, 3rd Fl. Newark, NJ 07102 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituen: (if none, so state): Service Employees International Union 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 937-827-3225 862-236-3605 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 135. Address (street and number, city, State and ZIP code): Brent Garren 25 W. 18th Street, 5th Floor Deputy General Counsel New York, NY 10011 13c Tel No 13d Cell No. 13e, Fax No 13f. E-Mail Address 212-388-3943 917-208-4287 212-388-2062 bgarren@seiu32bj.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Brent Garren Deputy General Counsel 2/24/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 22-RD-256109 Date Filed 2/11/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Gase Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) Legal Services of Northwest Jersey 90 E. Main Street Somerville, NJ 08876 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Michael L. Wojcik, Esq. 90 E. Main Street Somerville, NJ 08876 3c. Tel. No. 3d Fax No. 3e. Cell No. 31. E-Mail Address (908) 231-0840 (908) 231-6780 mwojcik@lsnj.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Legal Services 5a. Description of Unit Involved 5b. City and State where unit included: is located: Non-attorney support staff. Flemington, Morristown, Somerville, Newton, Excluded: Belvidere, NJ attorneys, managers, human resources personnel, finance department personnel. 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? X Yes No 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any National Organization of Legal Services Workers, UAW Local 2320 AFL-CIO 8d Tel No 8e, Cell No. 356 W. 38th St. Suite 705 (212) 228-0992 New York, NY 10018 8f. Fax No. 8g. E-Mail Address (212) 228-0097 psmith@nolsw.org 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) September 20, 2018 No contract 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes X No 11b. If so, approximately how many employees are participating? 11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of since (Month, Day, Year) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name | 12b. Address | 12c. Tel. No. 12d. Fax No. N/A 12e. Cell No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this 13a. Election Type: Manual Mail Mixed Manual/Mail matter, state your position with respect to any such 13b. Election Date(s) 13c. Election Time(s) 13d. Election Location(s) March 2, 2020 N/A Mail-in Election 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, ZIP code) 14b, Tel. No. 14c. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14e. E-Mail Address 14f. Affiliation, If any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a, Name 15c. Address (Street and number, city, state, ZIP code) 15d, Tel. No. 15e. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15f. Cell No. 15g. E-Mail Address I declare that I have read the above petition and that the state people (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) my knowledge and belief. Title Date Filed (b) (6), (b) (7)(C) 2-8-2020 (b) (6), (b) (7)(C) WILLFUL FALSE STATEMENTS ON T NE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	THE STATE OF THE	Date Filed				
	25-RC-255764	2/5/20				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 1903 State, Rte. 31, Suite A, McHenry, IL 60050 McHenry Excavating, Inc. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Matt Rogulic, Owner 3e. Fax No. 3f. E-Mail Address 3d. Cell No. 3c. Tel. No. matt@mchenryheating.com 815-605-9499 4b. Principal Product or Service 5a City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) McHenry, IL Excavation Construction 6a. Number of Employees in Unit: 5b. Description of Unit Involved: included: 10 All full time operators, laborers, and drivers 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X Yes No All managers, supervisors, clericals, and guards as defined under the Act. and Employer declined recognition 7a. Request for recognition as Bargaining Representative was made on (Date) (If no reply received, so state) on or about (Date) 7b. Petitioner is currently recognized as Bargaining Representative and desires contification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address None 8f. E-Mail Address Be, Fax No. 8d. Cell No. 8c Tel No. Bi Expiration Date of Current or Most 8h. Date of Recognition or Certification 8d Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9 Is there now a strike or picketing at the Employer's establishment(s) involved? Yes , has picketed the Employer since (Month, Day, Year) 8/8/19 (Name of Labor Organization) IUOE, Local 150 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) National Allied Workers Union, Local 831 10d. Cell No. 10c Tel No. 10a. Name 10b. Address 125 Windsor Dr., Suite 118, Oak Brook, IL 630-974-6799 Frank Stroud 10f E-Mail Address 60523 10e Fax No. nawulocal831@sbcglobal.net 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type Manual Mail Mixed Manual/Mail Petitioned for Employer is a fiction and unit is not appropriate 11d. Election Location(s): 11c. Election Time(s): 11b Election Date(s): Employer's Shop 8:00 a.m. 2/19/20 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 150, AFL CIO 6200 Joliet Road, Countryside, IL 60525 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers 12g. E-Mail Address 12f. Fax No. 12d, Tel. No. 12e. Cell No. 708-482-7186 708-482-8800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a Name and Title: 6140 Joliet Road, Countryside, IL 60525 Robert A. Paszta, Associate General Counsel 13f. E-Mail Address 13e. Fax No. 13d. Cell No. 13c Tel No. 708-588-1647 rpaszta@locat150.org 708-579-6657 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) 2/5/20 Associate General Counsel Robert A. Paszta

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 25-RC-255852	Date Filed 2/5/20					

INSTRUCTIONS: Unless e-Filed in which the employer concern of service showing service on (Form NLRB-505); and (3) Desc	ed is located. Th the employer and cription of Repres	e petition mus all other parti entation Case	et be accompanied by es named in the petition Procedures (Form NL	both a showing of on of: (1) the petition	interest (se on; (2) Stat	ee 6b below) and a certificate ement of Position form			
with the NLRB and should not  1. PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor I	er desires to be certif	F REPRESENTATied as representa	FIVE - A substantial number ive of the employees. The	Petitioner alleges that	t the followin	ng circumstances exist and			
2a. Name of Employer	velations board proc		ddress(es) of Establishmen						
MV Transportation		5	555 East Wood Street	(0)	aa	y, state, 2.1. cousy			
3a. Employer Representative – Name	and Title		L Decatur 62523- 3b. Address (If same as	s 2h _ state same)					
	and mic								
A STATE OF THE STA	hin Ramonez 555 East Wood Street IL Decatur 62523- ic. Tel. No. 3e. Fax No. 3f. E-Mail Address								
3c. Tel. No.	3d. Cell No.		3e. Fax No.		john ramonez@				
(217) 424-2817	(630) 606-4708		(217) 424-2818		2000 2000 2000				
4a. Type of Establishment (Factory, mi	ne, wnoiesaier, etc )	4b. Principal pri	oduct or service		5a. City	and State where unit is located:			
Transportation			Transit Service			Decatur, IL			
5b. Description of Unit Involved Included: See Attached Page 2 for a	dditional details					6a. No. of Employees in Unit: 11			
Excluded: See Attached Page 2 for a						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [  No [ ]			
_	(Date)	(If no reply received as Bargaining F	Representative and desires	The second second		clined recognition on or about			
8c. Tel No.	8d Cell No.		8e. Fax No.	10	8f. E-Mail Add	iress			
55. 15. 15.	00.00.710.		33,1,3,1,3,		on E man , ta				
8g. Affiliation, if any			8h. Date of Recognition o			opiration Date of Current or Most Recent ract, if any (Month, Day, Year)			
Is there now a strike or picketing at t     (Name of labor organization)		has pic	cketed the Employer since (	Month, Day, Year)					
Organizations or individuals other t known to have a representative interes					esentatives an	d other organizations and individuals			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB con any such election.	ducts an election in th	is matter, state yo	our position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail			
11b. Election Date(s): February 26, 2020		11d. Election Location(s): Training room							
Training room  12a. Full Name of Petitioner (including local name and number) Namette K. Ruffin Namette K. Ruffin Nametor Trainist Union Local 859  12b. Address (street and number, city, state, and ZIP code) P.O. Box 391 Il Decatur 67255-									
12c. Full name of national or internation Amalgamated Transit Union	nal labor organization	of which Petitione	er is an affiliate or cons ituer	nt (if none, so state)					
12d. Tel No. 12e. Cell No. 12f. Fax No. 12f. Fax No. 12f. Fax No. (b) (6), (b) (7)(C)									
13. Representative of the Petitioner 13a. Name and Title Daniel B. Smith Assistant General Cour AMALGAMATED TRANSIT UNION		ice of all papers	13b. Address (street and 10000 New Hampshire MD Silver Spring 20903	d number, city, state, a Ave 3-1790					
13c. Tel No.	13e. Fax No. 13f. E-Mail dsmith@atu			ail Address atu org					
(301) 431-7100	(202) 714-4219		rue to the hert of my know			· 3			
I declare that I have read the above p		statements are ti	All the second second second	vieuge and bellet.					
Name (Print)     Signature     Title     Date       Daniel B. Smith     Daniel B. Smith     Assistant General Counsel     02/5/2020 21:42:23									
	CHICKITO ON THIS DE		DUNIOUED DV CINE AND			E 40 DECITION 4004)			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

#### Attachment

DO NOT WR	ITE IN THIS SPACE
Case	Date Filed

## **Employees Included**

All full-time and regular part-time road supervisors, dispatchers, paratransit clerks and administrative assistants employed by the Employer at its facility currently located in Decatur, Illinois. The Petitioner is seeking a self-determination election to include the petitioned-for employees within an existing unit.

#### **Employees Excluded**

All other employees, guards, managers, and supervisors as defined by the Act.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No. Date Filed 2/13/20 25-RC-256341

INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 48	The petition must be accomp s named in the petition of: (	panied by both 1) the petition	e showing of intere : (2) Statement of Po	est (see 6b below) osition form (Form	and a certificat	nd (3) Description	ng service on	
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Pe	RC-CERTIFICATION OF RE	PRESENTATIVE s representative	/E - A substantial nur	mber of employees The Petitioner alle	wish to be repre	esented for purpose	s of collective	1
2a. Name of Employer:	The second of th		s) of Establishment(s			and the second second second second		_
Republic National Dist	ributing Company	700 W. I	Morris St. oolis, IN 4622		na nambar, Gry	, State, Er Wood.		
3a. Employer Representative - Na	ne and Title:	3b. Address (	if same as 2b - state	same):				_
Steve Null- Operations M	fanager		SAME					
3c. Tel. No. (317) 636-6092 ext. 381228	3d, Cell No.	3e. F	ax No.	7,7,000	ail Address e.null@mdc-	usa.com		7
4a. Type of Establishment (Factory, Distribution Facility)		1000	rincipal Product or S Transportatio			nd State where unit	is located:	
5b. Description of Unit Involved: ncluded: All full-time and regular employees and houseker	part-time warehouse emplo ping/janitorial staff at the e	yees and docl	k workers, POS war lity in Indianapolis,	rehouse Indiana.	6a. Numb	er of Employees in I	Unit:	
Excluded: All drivers, office, cle	rical, dispatchers, sale repre and all other employees.				of the	substantial number ( employees in the ur ented by the Petitio	it wish to be -	No
Check One: 7a. Request for re on or about (Date)	(if n	o reply receive	d, so state).	bruary13, 2020	and Employer	declined recognition	B 7:	NO
Ba. Name of Recognized or Certifi	rrently recognized as Bargain	ing Represent		fication under the	Act.		w mi	_
-NONE-	er saldaming Agair (ii nois	9, 50 5(8(8)	Bb. Address:	X			PHI	
8c. Tel. No. X	8d. Cell No. X	8e. F	ax No. X	8f. E-M	ail Address	X	12:08	
8g. Affiliation, if any:	on, if any:		Bh. Date of Recognition or Certification   8i. Expiration Date of Current or Most   X   Recent Contract, if any (Month, Day, Year)   X					
Is there now a strike or picketing a     (Name of Labor Organization)	it the Employer's establishmer N/A	nt(s) involved?	No If so,	Description of all the		es are participating? ver since (Month, Da	No Wood No	3
Organizations or individuals other individuals known to have a repr	er than Petitioner and those na			daimed recognition	as representativ			-
10a. Name	10b. Address			10c. Te	l. No.	10d. Cell No.		
X		X			(	X		
				10e. Fa	X	10f. E-Mail Addres	8	Ξ
11. Election Details: If the NLRB co					* III X		/lixed Manual/Mail	
11b. Election Date(s): March 5, 2020	11c. Election Tin	ne(s): 2:00p	m until 7:00pm	until 7:00pm 11d. Elect		tion Location(s): The conference room at the yers Indianapolis facility.		
12a. Full Name of Petitioner (include	ting local name and number);		12b. Address	street and number	city, State and	ZIP code):		-
TEAMSTERS LOCA	L UNION NO. 135		1233 SH	ELBY ST. APOLIS, IN				
12c. Full name of national or internal THE IN	TERNATION	AL BRO	OTHERH	The second secon	TEAM	STERS		ī
12d, Tel. No. 317-639-3541	12e, Cell No. 317-490-5005		7-639-3378   12g. E-Mail Address droach@local135.com					
13. Representative of the Petitione 13a. Name and Title: Dusti Teamsters Local Union	n T. Roach	13b,	purposes of the re Address (street and r		and ZIP code):	Dustin T. 849 S. Mer dianapolis, In	idian St.	1
13c. Tel. No. 317-490-5005	13d. Cell No. 317-490-5005	13e.	Fax No. 7-634-5864		Mall Address ch@local13:			
I declare that I have read the abov	14780.7 14480475 VD.	manufacture (COM)		The second secon	THE RESERVE AND ADDRESS OF THE PARTY.	VK100		4
Name (Print) Dustin T. Ro	Signature	5 -51 157	T. Roach	Title Te	amsters Lo	cal Union No Organizer	Date 2-13-202	20

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
25-RC-256973	2/26/20				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): FCA US LLC 300 Chrysler Drive, Belvidere, IL 61008 3a, Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Carmen McCleary, HR Manager same Javier Lara, Quality Center Manager 3c Tel No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 815-323-0216 Carmen.mccleary@fcagroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Automobiles Belvidere, IL Manufacturing Plant 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: See attached page 2 for additional details 6b. Do a substantial number (80% or more) of the employees in the untersish to be represented by the Petition X Yes See attached page 2 for additional details Check One: 17 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8d. Cell No. 8f. E-Mail Address 8c, Tel No. Be. Fax No. 8i, Expiration Date of Current or Most 8h. Date of Recognition or Certification 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c Tel No. 10d Cell No. 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 1:00 P.M. to 3:00 P.M. 2<sup>nd</sup> Floor Administration Break Room 3/16/2020 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): UAW Local 1761 1100 W. Chrysler Drive, Belvidere, IL 61008 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace and Agriculture Implement Workers of America, AFL-CIO 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Cindy Stover, Local President 1100 W. Chrysler Drive, Belvidere, IL 61008 13f. E-Mail Address 13c Tel No. 13d, Cell No. 13e. Fax No. s.stover7048@att.net 630-337-9474 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Local President Cindy Stover

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
25-RC-256973	2/26/20		

#### Attachment

Employees Included:

A full-time and regular part-time quality process specialists and quality WCM specialists employed by the Employer in the quality department at its Belvidere Assembly Plant. The Petitioner is seeking a selfdetermination election to include the petitioned-for employees within an existing unit of engineering employees at the Belvidere Assembly Plant.

Employees Excluded: all managers and guards and supervisors as defined in the Act, and all other employees.

SUBREGION 33
2020 FEB 26 AM 9: 16

FORM NLRB-502 (RC)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Date Filed

RC PETITION					25-	RC-2571	55	2/28/20
employer concerned is local	illed using the Agency's webs ted. The petition must be acc arties named in the petition o RB 4812). The showing of inte	ompanied b	y both a showing of inte tition; (2) Statement of P	rest (see 6b Position form	(Form NL	l a certificat RB-505); an	e of service sho d (3) Description	n of Representation
bargaining by Pelitioner an	TON: RC-CERTIFICATION OF d Petitioner desires to be certified I Labor Relations Board process	ed as represe	entative of the employees.	The Petition	er alleges	that the foll	owing circumst	ances exist and
2a. Name of Employer:  Nestle USA, INC				(s) involved (	Street and i	number, City	State, ZIP code	);
3a. Employer Representative Tom Devries-General N		3b. Add	ress (if same as 2b - stale	e same):				
3c, Tel, No. 815-754-2550	3d. Cell No.		3e. Fax No.	4	3f, E-Mail A Tom.Dev	ddress ries@us.n	estle.com	
4a. Type of Establishment (Fa- Distribution Center	ctory, mine, wholesaler, etc.)		4b. Principal Product or S Distribution of non fo		s	5a. City an Dekalb II	d State where ur	nit is located:
5b. Description of Unit Involve	ved:					6a. Numbe	r of Employees i	n Unit:
Included:		7.627b 1.475	Correspond			106		
Excluded:	art-time warehouse and m professional technical er		en and and an analysis of	as defined	in the ac	6b. Do a si	mployees in the	er (30% or more) unit wish to be tioner? X Yes No
Check One: 7a Request on or about (	for recognition as Bargaining Re	epresentative (If no reply re	e was made on (Date) eceived, so state).	2-28-20	an	- iopicoc	ledined recognit	
7.22.72.73.73.73.73.73.73.73.73.73.73.73.73.73.	Certified Bargaining Agent (If )				20 30 23 7 23			
8c. Tel. No.	8d. Cell No.		8e. Fax No.		8f. E-Mail A	ddress	ddress	
8g. Affiliation, if any:			. Date of Recognition or C		cation 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			ar)
Is there now a strike or picket     (Name of Labor Organization	eting at the Employer's establish	ment(s) invo	lived? If so,				s are participating er since (Month,	
<ol> <li>Organizations or individual individuals known to have :</li> </ol>	s other than Petitioner and those a representative interest in any o	e named in it employees in	ems 8 and 9, which have the unit described in item	claimed recognists above. (I	gnition as re f none, so s	epresentative state)	s and other orga	anizations and
10a. Name	10b. Address	s			10c. Tel. No	o.	10d. Cell No.	
				-	10e, Fax No	0.	10f. E-Mail Add	ress
44 Electice Datable, If the MI	RB conducts and election in this	matter stat	e your position with resper	ct to any such	election:	11a. Election	Type:	
11. Election Details, if the NL	NB conducts and election in this	, matter, sia	o your position manager	** (* *) <b>V</b>		Manua		Mixed Manual/Mail
11b. Election Date(s):	11c. Election	Time(s): 3	113 2:30 PATO	450 Pm	11d. Election	n Location(s	):	C. W. A. B. C. V. C.
3-12-20 & 3-13-20	3-12th 2:3	0pm-4:00p	m & 6:30pm-7:30pm	3-13th 🖭	Training I	room at em	ployees 800 l	Nestle Court Dekalb
12a. Full Name of Petitioner Retail Wholesale and D	fincluding local name and numb epartment Store Union	er):	12b. Address	(street and n	umber, city	, Slate and I	(IP code):	
12c. Full name of national or in Retail Wholesale & Depa	iternational labor organization or rtment Store Union, United	which Petiti Food & C	oner is an affiliate or cons ommercial Workers (F	tituent (if non RWDSU/UF	e, so state) CW)	,		
12d. Tel. No.	12e, Cell No.		12f. Fax No.		12g. E-Mail			
319-363-4525	319-389-4525		319-363-2839			n@gmail.c	om	
13. Representative of the Per 13a. Name and Title: Roger Grobstich/ Vice F	titioner who will accept service President RWDSU	e of all pape	ers for purposes of the re 13b. Address (street and	epresentatio number, city	n proceed , State and	ing. ZIP code):		
13c. Tel. No. 319-363-4525	13d. Cell No. 319-389-4525		13e, Fax No. 319-363-2839		13f. E-Mail rgrobstick	Address n@gmail.c	om	
I declare that I have read the	above petition and that the s	tatements a		knowledge a	and belief.			
Name (Print)	Signer		21/ 00	litte				Date
Roger Grobstich	1	se s	- Defa	Vio	e Preside	nt RWDSL		2-28-20

WILLFUL FALSE STATEMENTS ON THIS PETTION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

PAGE 01/03

FORM NLRB-502 (RD) (8-18) UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No.

Date Filed

25-RD-256161

2/11/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.gov</u>, submit an original of this Petition to an NLRB office in the Region In which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

Case Procedures (Form NLRB 4812). The showing of Interest	should only be filed with	the NLRB and she	ould not be served on	the employer or	any other party.
PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REM- recognized bargaining representative is no longer their representa- Labor Relations Board proceed under its proper authority put	ative. The Petitioner alleg- revent to Section 9 of the	es that the following National Labor R	ng circumstances exis elations Act.	t and requeste th	at the National
2a. Name of Employer	2b. Address(ea) of Establ	ishment(s) involved	(Street and number, all	y, state, ZIP code	
Wayne Combustion Systems  3a. Employer Representative - Name and Title	801 Glass	GOW AVE	FORT Wasin	e Ind	46803
3a. Employer Representative - Name and Title	3b, Address (If same as 2	2b - state name)			
J. Tel No. Plant Managar.					
	3e. Cell No.	3f. E-Mail	Address		
260-425-9200 1800 345 0341 4a. Type of Establishment (Factory, mine, wholeseler, etc.)					30.00
		The second secon	pal product or service		
5a. Description of Unit Involved	-	695	and Oil	Burney	5
included:				5b. City and S	tate where unit
included: Full Time Walder, Machine Material Hardlers Packer Excluded: Managars, Supervisors and a	operators, Assem is Painter Office Perso	nell	ity teach and	For he Indian	layne
6. No. of Employees in Unit 7. Do a substantial number recognized bargaining re		loyees in the unit no No		esented by the cer	tified or currently
8a. Name of Recognized or Certified Bargaining Agent	(b) (6), (b) (7)(C)		8b. Affiliation, if any		
United Stack Workers 903-2	(b) (b), (b) (7)(C)		United 5 &	al worke	rs 903
ON MODIES		el. No.	Se. Cell No.		
2228 Lakeview Drive	260	-484-8816			
		X No.	8g. E-Mail Address		
FOR WAYNE IND 46808		436-4371			
9. Date of Recognition or Certification	10. Expiration Date of Cur		t Contract, if any (Mont	h, Day, Year)	
30-40 years	4-15-30			V(	
11a. Is there now a strike or picketing at the Employer's establishmen	nt(s) Involved?   Yes	Na 11b. If so,	approximately how man		THE SECTION OF THE SE
11c. The Employer has been picketed by or on behalf of <i>(Insert Nam</i>	ne)				labor organization, of
(Insert Address)			eonie	(Month, Day, Year	)
12. Organizations or individuals other those named in items 8 and 11	c, which have claimed reco	ognition as represer	tatives and other organ	izations	
and Individuals known to have a representative interest in any en 12a. Name 12b. Address	nployees in the unit describ	12c. Tel. N	to. 1:	2d. Fax No.	
			-		
at the		12e. Cell l	No. 1	2f. E-Mail Address	· · · · · · · · · · · · · · · · · · ·
None		25.00		20 - 00-7 00-7 4 0	1
13. Election Details: If the NLRB conducts an election in this	1.1	. 13a. Elect	fon Type Manual	Mail M	fixed Manual/Mail
matter, state your position with respect to any such election. Fe		TRY	- VIII-VIII-VIII-VIII-VIII-VIII-VIII-VI		-10.00
13b. Election Date(s) 13c. Election Tin	ne(s)		ion Location(s)		
3-16-2020 3-20-200 6:45 Ar	17:45 AM 9:001	10.10 Way	WE COMDIT	10N 5451	2715
<sup>14</sup> (b) (6), (b) (7)(C)					
14a. Address (Street and number, city, state, AIP code)		14b. Tel. !	Yo. 11	4c. Fax No.	
(b) (6), (b) (7)(C)			1		
1.7.1.7.1.7.7		(5) (6) Y	(b) (7)(C)	4e. E-Meil Addres	3
		(5) (6),	(5) (1)(0)		
14f, Affiliation, if any				- min-ry	West of the second second
15. Representative of the Petitioner who will accept service of al	I papers for purposes of		proceeding.		10 10 10 10 10 10 10 10 10 10 10 10 10 1
15a, Name		15b.Title			
			The same of the sa	100	and the second second
15c. Address (Street and number, city, state, ZIP code)		15d. Tal. I	No. 1	5e. Fax No.	
1		15f. Cell I	<b>₹</b> 0. 1	5g. E-Mall Addres	8
I declare that I have read the above petition and that the statems	notes non-fines de bles bound o	of my knowledge a	nd hallaf		MINISTER STATE OF THE STATE OF
		Tale	The state of the s		Date Filed
Name (Print) (b) (6), (b) (7)(C)	(C)		rtrover		2-11-2020
CATEN SALE VEL		NO MADERIES		TITLE 18 SECTION	

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 27-RC-255612

Date Filed 2/3/2020

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Western Municipal Construction Inc. 5855 Elysian Road, Billings, MT 59101 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Jock Clause - Owner 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 406-254-2106 406-698-1835 406-245-9736 jclause@wmc-i.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Construction Utility Contractor Statewide Montana 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All construction workers including general laborers, equipment operators Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Supervisors, Guards, Office & Clerical workers Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). X 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: Laborers Local 1686 3100 Horseshoe Bend Road, Helena, MT 59602 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 406-442-1441 406-490-5199 406-442-1320 kimr@montanalaborers.com 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 1/31/2020 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. None None 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Statewide contractor - mail Manual X Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Laborers Local 1686 1111 Main Street, #9, Billings, Montana 59105 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): LIUNA 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 202-737-8320 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Becky Riedl - Field Agent 13c, Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 406-259-4471 406-698-0309 406-256-5541 becky@montanalaborers.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Pherra Kier -30-2020

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No.	27-RC-255869	Date Filed 2/6/2020	
	27 TC 255005	2/0/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6422 East Main Street, Suite 100
OH Reynoldsburg 430683b. Address (If same as 2b – state same) The Whitestone Group 3a. Employer Representative - Name and Title 6422 East Main Street, Suite 100 OH Reynoldsburg 43068-John Clark Sr. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address info@whitestonegroup us (614) 501-7007 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Security Systems & Services Security Boulder, CO 5b. Description of Unit Involved 6a. No. of Employees in Unit: 19 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 2/24/2020 11c. Election Time(s): 11d. Election Location(s): 5:15 AM to 7:15 AM & 1:45 PM to 2:15 PM National Institute of Standards Technology (NIST) 325 Broadway Boulder 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) STEVE MARITAS
Law Enforcement Officers Security Unions LEOSU, LEOS-PBA 1155 F STREET NW #1050 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA 12g. E-Mail Address Leosunions@gmail.com 12d. Tel No. 12e, Cell No. 12f. Fax No. (202) 486-8558 (202) 595-3510 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Organizing Director Steve Maritas 02/6/2020 14:00:57 STEVE MARITAS

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

#### Attachment

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		

## Employees Included

All armed and unarmed protective service officers, sergeants & dispatchers employed by The Whitestone Group, performing guard duties as defined by Section 9(b)(3) of the National Labor Relations Act, employed by the employer at its location noted in 11d

## **Employees Excluded**

Office clerical employees, managerial employees, project manager, supervisors as defined by the National Labor Relations Act

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 27-RC-256312	Date Filed 2/13/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 702 W Lincolnway WY Chevenne 82001 Wyoming Tribune Eagle 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 702 W Lincolnway WY Chevenne 82001 Rory Palm 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (307) 633-3165 rpalm@adamspg com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Printing & Publishing** newspaper, community reporting Cheyenne, WY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 9 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 2/25/2020 11c. Election Time(s): 11d. Election Location(s): 8 am - 10 am 1 pm - 3 pm at the Wyoming Tribune Eagle location 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Anthony Mulligan Denver Newspaper Guild - CWA Local 37074 1175 Osage st Suite 205 CO denver 80204 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
The NewsGuild - CWA 12g. E-Mail Address dng@denvernewspaperguild.org 12d Tel No 12e. Cell No. 12f. Fax No. (303) 595-9818 (303) 956-1255 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Anthony Mulligan Administrative Officer 02/11/2020 11:26:55 Anthony Mulligan

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

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Case 27-RC-256312

Date Filed 2/13/2020

Employees Included all newsroom employees

Employees Excluded office clerical, professional employees, guards and supervisors as defined by the Act

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
27-RC-256466	2/18/2020		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2625 E. 2nd Street 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 6900 South Yosemite Street CO Centennial 80112-Robert McLauchlin 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (208) 395-6154 robert.mclauchlin@safeway com (623) 295-3892 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Retail (Grocery) Grocery Casper, WY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 5 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/17/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3/4/2020 By mail ballot N/A 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Randy Tiffey United Food and Commercial Workers Local 7 7760 W. 38th Avenue 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
United Food and Commercial Workers International Union AFL-CIO 12g. E-Mail Address rktiffev@ufcw7.com 12d. Tel No. 12e Cell No. 12f. Fax No. (303) 424-2416 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Todd McNamara General Counsel United Food and Commercial Workers Local 7 7760 W. 38th Avenue CO Wheat Ridge 80033 13c Tel No. 13d. Cell No. 13e. Fax No. 13f F-Mail Address jm@18thavelaw.com (303) 425-0897 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Organizing Director Randy Tiffey 02/17/2020 11:55:58 Randy Tiffey

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE			
e	Date Filed		
27-RC-256466	2/18/2020		

## **Employees Included**

All Pharmacy Technicians in self-determination election to determine whether they will be represented by Petitioner and join the existing Casper retail bargaining unit represented by Petitioner (Armour-Globe election).

Case

## **Employees Excluded**

Store Director, Assistant Store Director, all other employees, supervisors, security, confidential, professional, and all temporary employees as defined in the Act.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.		Date Filed
	27-RC-257173	2/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1, PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4981 Pontiac St., Commerce City, CO 80022 The Yerba Mate Co. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Chad Finch, Regional Manager Same 3f. F-Mail Address 3c. Tel. No. 3d. Cell No. 3a. Fax No. 281-682-4050 None chad@theyerbamateco.com None 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a, City and State where unit is located: Beverage Delivery Commerce City, CO Distribution Center 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All FT & PT Distribution Drivers/Hacedors 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Pelitioner? X Yes No Management Personnel Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/2020 and Employer declined recognition No Reply (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a, Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h, Date of Recognition or Certification 8i. Expiration Date of Current or Mout Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. is there now a strike or picketing at the Employer's establishment(s) involved? No (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d, Cell No. 10a Name 10b Address 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mall Mixed Manual/Mall 11d. Election Localion(s): 11b. Election Date(s): 11c, Election Time(s). 12b. Address (street and number, city, State and ZIP code): 12a, Full Name of Petitioner (including local name and number); Communications Workers of America Local 7777 2840 S. Vallejo St., Englewood, CO 80110 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Communications Workers of America AFL-CIO 12d, Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 303-781-8700 x214 720-331-2167 303-789-3325 dmedina@cwa7777.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 13c. Tel. No. 13d. Cell No. 13e Fax No. 13f E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) 2/28/2020 Debra L. Medina President

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE			
Case No. 28-RC-255788	2/5/2020		

RC PETITION 28-RC-255788 2/5/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of (1) the petition; (2) Statement of Position form

of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) North American Security please see attached 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 550 Carson Plaza Dr. #222 Carson, CA 90746 Art Lopez 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 323-634-1911 NA NA a.lopez@nasecurityinc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Federal Buildings Security Las Vegas Nevada 5b. Description of Unit Involved 6a. No. of Employees in Unit: 67 Included: all fulltime and part time armed and unarmed security officers employed by the employer 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the clerical, managerial, salaried, and supervisory personel as defined by the act Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). NA NA 76. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 25510 Kelley Rd. Roseville, MI 48066 8c. Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 586-772-7250 NA 586-772-9644 spfpapres@spfpa.org 8h. Date of Recognition or Certification 8g. Affiliation, If any 8i. Expiration Date of Current or Most Recent. Contract, if any (Month, Day, Year) SPFPA NA March 31,2020 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA \_\_\_\_\_ If so, approximately how many employees are participating? NA (Name of labor organization) NA has picketed the Employer since (Month, Day, Year) NA 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NA 10a. Name 10b. Address 10d. Cell No. 10c. Tel. No. NA NA 10e. Fax No. 10f. E-Mail Address NA. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 02/03/2020 NA NA 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Government Security Officers of America and its Local 323 2879 Cranberry Highway East Wareham, MA 02538 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Government Security Officers of America International Union 12d. Tel No 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 617-620-7225 617-620-7225 Mleblanc@ugsoa.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Mike LeBlanc DHS Vice President UGSOA International Union 13b. Address (street end number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538 13d Cell No. 13e Fax No. 13f F-Mail Address 13c Tel No. 617-620-7225 Mieblanc@ugsoa.com 617-620-7225 NA I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief Name (Print) Signatur Mike LeBland DHS Vice President UGSOA International Union

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg., 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WE	RITE IN THIS SPACE
Case No	Date Filed
28-RC-255857	2/6/2020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.nirb.gov/ |, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Amentum 20501Seneca Meadows Pkwy, Ste. 300 Germantown MD 20876 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Jonathan Jones Same 3c. Tel. No. 3d. Cell No. 3e. Fax No 3f, E-Mail Address (817) 984-2569 jonathan.jones@aecom.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located. Service Provider Military Accessory Issue Items El Paso Texas 5b. Description of Unit Involved: 5a. Number of Employees in Unit Included: 15 SEE ATTACHED Excluded: 6b Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 

X Yes All supervisors as defined by the Act. 7a Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitloner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8c. Tel. No. 8d Cell No. 8f E-Mail Address 8e Fax No. 8i Expiration Date of Current or Most 8g. Affiliation, if any: 8h, Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Putitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. t0d, Cell No. 10e. Fax No. 10f. E-Mail Address 11, Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c Election Time(s) 11d. Election Location(s): Breakroom Bld #1717 Pleasanton Rd. Fort Bliss TX. Thursday, February 27, 2020 11:00 a.m. to 12:30 p.m. 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Union of Operating Engineers Local 351 6967 Commerce Street, El Paso, TX. 79915 12c. Full name of national or international labor organization of which Petitioner is an affiliate of constituent (if none, so state). International Union of Operating Engineers AFL-CIO 12d Tel No 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (915) 771-0224 (915) 771-9018 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Butch Ballez, Organizer 6967 Commerce Street, El Paso, TX. 79915 13d Cell No. 13e Fax No. 13f. E-Mail Address 13c. Tel. No. (915) 493-9778 (915) 771-9018 butch.ballez@local351.com (915) 771-0224 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Signature 2/6/20 Butch Ballez Organizer

WILLFUL FALSE STATEMENTS ON THIS PETITION CANSE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

#### Petition CRC Unit

5b. Description of Unit Involved:

**Included:** All hourly employees including all full-time and part-time Sewing Machine Operators, Stock Clerks, and Stock Clerk Lead employed by the employer at Conus Redeployment Center (CRC) at Fort Bliss Texas.

**Excluded:** All supervisors as defined by the Act.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 28-RC-255945

Date Filed February 6, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Audio Visual Services Group Inc. See Attachment A d/b/a PSAV and/or PSAV Hotel Division 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): PSAV Branch Office - Las Vegas Ray Trujillo, Regional Manager 6630 Arroyo Springs Street, Suite 800, Las Vegas, NV 89113 3f. E-Mail Address 3d. Cell No. 3e. Fax No. 3c, Tel. No. (702) 891-0953 (702) 281-2224 rtrujillo@psav.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Las Vegas, Nevada Entertainment Entertainment 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attachment A 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 

Yes No Excluded: See Attachment A 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: By this Petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address: Ba. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8c Tel No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel No. 10d Cell No. 10a. Name 10b Address 10e. Fax No. 10f. E-Mail Address 11, Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: \* Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): February 21, 2020 10:00 am - 2:00 pm; 6:00 pm - 9:00 pm Cosmopolitan (Green Room) 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 3000 S. Valley View Boulevard IATSE, Local 720 Las Vegas, NV 89102 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical Stage Employees 12d, Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (702) 309-8052 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 800 Wilshire Boulevard, Suite 1020, Los Angeles, CA 90017 Lisl R. Soto, Attorney 13f, E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. (213) 380-2344 (213) 443-5098 nlrbnotices@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Date Title Lisl R. Soto Attorney 02/06/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Re: IATSE Local 720 and Audio Visual Services Group d/b/a PSAV and/or PSAV Hotel Division

#### ATTACHMENT A

RC PETITION

#### 2b. Address(es) of Establishment(s) involved:

Las Vegas, NV, including but not limited to:

The Cosmopolitan of Las Vegas 3708 Las Vegas Boulevard South, Las Vegas, NV 89109

M Resort Spa Casino 12300 South Las Vegas Boulevard, Henderson, NV 89044

Four Seasons Hotel Las Vegas 3960 Las Vegas Boulevard South, Las Vegas, NV 89119

JW Marriott Las Vegas Resort and Spa 221 North Rampart Boulevard, Las Vegas, NV 89145

#### 5b. Description of Unit Involved:

#### Included:

All Stagehands and Technicians, including Technical Lead, Technical Spec, Technician, Lead Rigger, Rigger, Power Distributor, Floor "supervisor," performing work in Las Vegas, NV, including but not limited to at the Cosmopolitan, M Resort Spa Casino, Four Seasons, and JW Marriott.

#### Excluded:

All other employees, including management, supervisors, confidential employees, guards, sales, and area scheduling.

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
28-RC-255958 February 6, 2020		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1035 Pendale Rd Great Southwestern Construction, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1035 Pendale Rd TX FI Paso 79907 Efrain Cerros 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (915) 595-9989 ecerros@myrgroup.com (915) 856-8766 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Electrical Powerline Construction** FI Paso, TX 5b. Description of Unit Involved 6a. No. of Employees in Unit: 30 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 02/21/2020 7:00 am to 7:30 am Office at 1035 Pendale Rd., El Paso, TX 79907 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Electrical Workers, AFL-CIO, CLC 12g. E-Mail Address lettv@ibew583.com 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Michael A Murphy Counsel IBEW Local 583 311 W Borderland TX El Paso 79932 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address michael\_murphy@ibew.org (512) 920-4114 (512) 920-4114 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Michael A Murphy Counsel 02/6/2020 15:48:40 Michael A Murphy

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

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## **ATTACMENT A**

**Included:** All General Foreman, Foreman, Journeyman, Apprentice, and Groundman Line Construction workers employed by the Employer in El Paso, Hudspeth, and Culberson counties in Texas, and Luna, Dona Anna, and Otero counties in New Mexico.

**Excluded:** All other employees, including office clerical, guards, and supervisors within the meaning of the Act

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	_
28-RC-255962	2/7/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 900 N Gold Ave NM Deming 88030-Columbus Electric Cooperative 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 900 N Gold Ave NM Deming 88030 Susanna Morris 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address suem@col-coop.com (575) 546-8838 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Electricity Deming, NM 5b. Description of Unit Involved 6a. No. of Employees in Unit: 9 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 2-19-20 11c. Election Time(s): 11d. Election Location(s): Confrence room at Deming service center 8am-11am 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Jason W Simpson International Brotherhood of Electrical workers, AFL/CIO Local 611 4921 Alexander Blvd NE, #A 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Electrical workers, AFL/CIO 12g. E-Mail Address Jason Simpson@IBEW.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (817) 975-7044 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date International Lead Organizing Jason Simpson 02/7/2020 12:59:07 Jason W Simpson

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

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# Attachment DO NOT WRITE IN THIS SPACE Case Date Filed

Employees Included

All Journeyman Linemen, Apprentice Linemen, Groundmen and working Formen

**Employees Excluded** 

All Supervisors, Clerical and Guards as described by the ACT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case No. 28-RC-256437	Date Filed February 14, 2020	

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition: (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Frontier Communications d/b/a Navajo Communications AZ-264, St Michaels, AZ 86511 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 831 East Hall Street, Show Low, AZ 85901 Mark Jeffries, Director of Operations 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. (928) 871-3814 Mark.Jeffries@ftr.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Telecommunications Service Provider Telecommunications Services 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Technicians and Mechanics 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All other employees Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/13/2020\_ and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). No reply 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address wreinken@cwa-union.org 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c, Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): AZ-264, St Michaels, AZ 86511 March 3, 2020 Any and all practicable 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 8085 East Prentice Avenue, Greenwood Village, CO 80111 Communications Workers of America, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America, AFL-CIO 12d. Tel No. 12e. Cell No. 12f. Fax No. 12q. E-Mail Address (303) 770-2822 wreinken@cwa-union.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title William R. Reinken, Attorney 13b. Address (street and number, city, state, and ZIP code) 8085 East Prentice Avenue, Greenwood Village, CO 80111 13c, Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (303) 721-7399 wreinken@cwa-union.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date William R. Reinken Attorney 2-14-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE			
Case No.	28-RC-256504	February 18, 2020	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Decypher Technologies Ltd. Mike O'Callaghan Military Med. Ctr., 4700 Las Vegas Blvd N, Nellis AFB, NV 89191 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 200 Concord Plaza Dr., Suite 780, San Antonio, Texas, 78216-6972 Deborah Heifner, Director of Operations 3f E-Mail Address (210) 735-9900 Deborah.heifner@decypher.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located 4b. Principal product or service Military Contractor Nellis AFB, NV Military Support 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part time Medical Office Clerks employed by the employer at Mike 6b. Do a substantial number (30% O'Callaghan Military Medical Center. or more) of the employees in the Excluded: All managers, site supervisors, all other professional employees, guards and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address none 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above ((f none, so state) none 10a. Name 10b Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11 Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s): Tuesday, March 10, 2020 3:30 pm - 4:30 pm Family Medicine Lecture Hall Room 1806, or Logistics Conference Room L218 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, Local Lodge SC711 4343 N. Rancho Dr. Suite 218, Las Vegas, NV 89130 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12d. Tel No. 12e Cell No. 12f. Fax No. 12g. E-Mail Address (916) 542-3351 (760) 810-6989 rcarrillo@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a, Name and Title Xochitl A. Lopez, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13d. Cell No. 13e Fax No. 13f, E-Mail Address 13c. Tel No 510-337-1001 510-337-1023 nlrbnotices@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Xochitl A. Lopez, Attorney Tuesday, February 18, 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	28-RC-256955	Date Filed February 25, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) One Country View Rd. PA Malvern 19355-Balfour Beatty Communities LLC Fort Bliss 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) One Country View Rd. PA Malvern 19355-Leslie Cohn 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address lcohn@bbcgrp.com (610) 355-8266 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Housing Facilities at Fort Bliss Army Base FI Paso, TX 5b. Description of Unit Involved 6a. No. of Employees in Unit: 36 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8b. Address 151 Pennsylvania NE NM Albuquerque 87108 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). International Union of Operating Engingeers, Local 953 Barry Dixon 8c Tel No 8d Cell No. 8e. Fax No 8f F-Mail Address (505) 266-5757 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) International Union of Operating Engineers 03/29/2020 06/23/2015 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🔽 Manual 🦳 Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): As soon as possible All shifts El Paso, TX 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Barry Dixon International Union of Operating Engingeers, Local 953 151 Pennsylvania NE NM Albuquerque 87108. 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Union of Operating Engingeers 12g. E-Mail Address bwdixon953@msn.com 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Stephen Cur ice Attorney YOUTZ & VALDEZ ,PC 900 Gold Ave. SW NM Albuquerque 87102 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address stephen@youtzvaldez.com (505) 244-9700 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Stephen Curtice Attorney 02/25/2020 13:45:00 Stephen Curtice

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

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# Attachment DO NOT WRITE IN THIS SPACE Case Date Filed

Employees Included

Full time assistant maintenance supervisors, general maintenance, techs (turns, and general maintenance techs

Employees Excluded office clerical employees, guards, managers, supervisors

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a, Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 505 Central NW Suite C Abg, NM 87102 & 4200 Lomas NE Abg, NM CoffeeMongers Inc. DBA Humble Coffee 87110 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Mark Baker, Director 505 Central NW Suite C, Albuquerque, NM 87102 3c. Tel. No. 3d, Cell No. 3e. Fax No. 3f. E-Mail Address 505-609-7099 baker@bakerad.com 4b. Principal Product or Service 5a, City and State where unit is located; 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Gourmet Coffee Albuquerque, NM Restaurants 5b, Description of Unit Involved: 6a. Number of Employees in Unit: Included: 12 Full & Part-time baristas & Assistant Managers at all NM retail locations. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Pelitioner? ☒ Yes Excluded: Guards, Managers and Supervisors as defined by the Act. Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 2-27-2020 and Employer declined recognition No Reply (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d, Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c, Tel, No. 10d, Cell No. 10a. Name 10b. Address 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 18, 2020 8:00am-10:00am & 3:00pm-6:00pm 4200 Lomas NE Abq NM 87110 Storage Rm 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): United Food and Commercial Workers Union Local 1564 130 Alvarado Dr. NE, Albuquerque, NM 87108 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers International Union 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. 505-206-1683 csaavedra@ufcw1564.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 130 Alvarado Dr. NE, Albuquerque, NM 87108 Chris Saavedra 13f. E-Mail Address 13c, Tel, No. 13d. Cell No. 13e. Fax No. csaavedra@ufcw1564.org 505-206-1683 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) 2-27-2020 Chris Saavedra Employee Advocate

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Date Filed 2/28/2020 Case No. 28-RC-257243

					20 10 23	1213		
INSTRUCTIONS: Unless e- employer concerned is loc the employer and all other Case Procedures (Form NL	ated. The petition m parties named in the	ust be accompan e petition of: (1) ti	ied by both a s ne petition; (2)	howing of interes Statement of Pos	t (see 6b below) and ition form (Form NL	l a certifica RB-505); ai	te of service showing nd (3) Description of F	service on Representation
PURPOSE OF THIS PETI bargaining by Petitioner ar requests that the National	nd Petitioner desires t	be certified as re	presentative of	the employees. Th	e Petitioner alleges	that the fol	lowing circumstances	
2a. Name of Employer:		2b	. Address(es) o	f Establishment(s)	involved (Street and I	number, City	y, State, ZIP code):	
Southern Glazer's W	ine & Spirits	2	375 South	45th Ave, Pho	oenix Arizona	85043		
3a. Employer Representativ	e - Name and Title:	3b	Address (if sa	me as 2b - state sa	ame):			
Mark Koslow Vp of			ame as 2b	11, 42 (24 VS.42 22				
3c. Tel. No. 602-533-8791	3d. Cell No. 954-599-	2038	3e. Fax N	lo.	3f. E-Mail A mkoslov		s.com	
4a. Type of Establishment (Fa	actory, mine, wholesa	ler, etc.)	4b. Princi	pal Product or Sen	and the second s	and the second	nd State where unit is to	cated:
Liquior Distributor &	& Warehousing		Alcoh	ol Distrbutor	& Warehouse	See Atta	ched Page 2 for Ad	itional Details
5b. Description of Unit Invol Included:	lved:	L. Paris				1	er of Employees in Unit	
See attached Page 2	for additional d	etails				Approx	x 125	
Excluded: See attached Page 2	for additional d	etails				of the	substantial number (30% employees in the unit we ented by the Petitioner'	rish to be
Check One: 🔀 7a. Request on or about	for recognition as Ba	rgaining Represen	ply received, so	state).			declined recognition	
8a. Name of Recognized or				ddress:				
None								- 44
8c. Tel. No.	8d. Cell No.		8e. Fax N	lo.	8f. E-Mail A	ddress		
8g. Affiliation, if any:			8h. Date of F	Recognition or Cert			urrent or Most (Month, Day, Year)	
Is there now a strike or pick     (Name of Labor Organization		's establishment(s	involved? No	If so, ap	proximately how man		es are participating?	Vaarl
10. Organizations or individua		e and those name	d in itoms 8 and	9 which have clai			Control of the Contro	
individuals known to have							es and dater organizati	one and
10a, Name	110	b. Address			10c. Tel. No		10d. Cell No.	
Jua, Harrie		D. Address			Total Total Tel		Tod. Dell'Ho.	!
					10e. Fax No	10e. Fax No. 10f. E-Mail Ac		
11. Election Details: If the No	RB conducts and ele	ction in this matter	, state your pos	ition with respect to	o any such election:			ed Manual/Mail
11b. Election Date(s):	111	c. Election Time(s	\-		11d. Electio			ed Iviai idai/iviai
3/12/2020				00 / 1800 to	The second secon		eting room	
12a. Full Name of Petitioner		STATE OF THE PARTY	10001012		reet and number, city,	front a tentral of the		
See attached page 2			26	The second secon	27th Ave Phoe		and the second s	
12c. Full name of national or in	nternational labor orga	anization of which	Petitioner is an	affiliate or constitue	ent (if none, so state):			
International Brother			Suttonior to dit	amilia or contrator	and the training and ordinals.			
12d. Tel. No.	12e. Cell No.		12f. Fax N	lo.	12g. E-Mail	Address		
602-272-5561	602-477-	9060	602-27	2-3744	Russell.	medigov	rich@teamstersl	ocal104.com
13. Representative of the Pe	titioner who will acc	ept service of all						
13a. Name and Title: Russell Medigovich II	Business Repres	entative	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		mber, city, State and ; , Phoeniz Arizon			
Age Tel Me	I tak Calif		12- 5-	Na	Table of the state	Address		
13c. Tel. No. 602-272-5561	13d. Cell No. 602-477-	0060	13e. Fax	No. 12-3744	13f, E-Mail		tress edigovich@teamsterslocal104.com	
I declare that I have read the	and the second of the second o			and the same that the same of the same	and the second of the second o	Medigo	ren(w,teamsters)	ocarro4.com
Name (Print)	appre pennon and	Signature	//	C. Simy Aire	Title			Date
Russell Medigovich	П		Me ste		Business R	epresena	ative	2/28/2020
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(NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

#### Attachment page 2

#### 5a. City and State where unit is located:

Locations in Phoenix, Tucson, Lake Havasu, Flagstaff, Sierra Vista, Seligman and Yuma, Arizona.

#### 5b. Description of Unit involved

#### Included:

All full-time and part-time Drivers and Warehouse employees employed by the employer at the company's locations in Phoenix, Tucson, Lake Havasu, Flagstaff, Sierra Vista, Seligman and Yuma facilities.

#### Excluded:

All other employees, office and clerical employees, guards and supervisors as defended by the National Labor Relations Act.

#### 12a. Full Name of Petitioner (including local name and number):

General Teamsters (excluding mailers) State of Arizona, Local Union No. 104.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 29-BC-255lp92	2-4-2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2s. Name of Employer: SCO FAMILY OF SERVICES 1 Alexander Place Glen Cove, NY 1/542 3b. Address (If same as 2b - state same): 3a. Employer Representative - Name and Title: 150 HALE AVENUE DIANA Perone, UP HUMAN Resource BROOKIYN, NY 11208 3c. Tel. No. 3f. E-Mail Address 516-609-9217 516 - 759 - 1844 4a. Type of Establishment (Factory, mine, wholesaler, etc.) operone@ SCO. ORG 4b. Principal Product or Service 5a. City and State where unit is located: 3 Klyw W4 6a. Number of Employees in Unit: How for young adults
5b. Description of Unit Involved: Included: Counselor, Relief Counselors, Counselor Specialists Excluded: Supervisers, Hamagers, Office clerical, quands as define by the Act 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes \( \square\) No and Employer declined recognition we Reply Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 1-31-20 on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8b. Address: 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10a. Name 10b. Address 10d. Cell No. 10e, Fax No. 10f, E-Mail Address ZZ Ia Election Type: 
☐ Manual ☐ Manual 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Maked Waheal Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): mm 0 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code) MO 610,601 45 HWY 206 DISTRICT 6 INISTHE 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): NONE 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 908-281 908-581-2787 GPERRY 4529@ ACL. CUM 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 610, 601 US HWY 206 Guy Perpy PresiDeNT Unit 26 Hills Borough NS, 08844

13e. Fax No. 13f. E-Mail Address 908 581 - 2787 908 - 281 - 7714 G Perry 4529 @ POL COM I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Guy Residen 1-31-20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will turther explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	29-RC-255889	Date Filed	2/7/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1188 Flatbush Ave. 1188 Flatbush Meat & Produce Inc. d/b/a Food Universe 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1188 Fla bush Ave NY Brooklyn 11226 Shee Chun Lee 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (718) 284-5124 (718) 284-5127 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Retail (Grocery) Food Brooklyn, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 30 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 11 Teaneck Rd. N.I Ridgefield Park 07660 Longshoremens Associa ion, Local 1964 8c, Tel No. 8d Cell No. 8e Fax No. 8f. E-Mail Address (201) 440-6525 (201) 440-1863 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Longshoremens Associa ion, AFL-CIO 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 13, 2020 12:00 pm. - 3:00 p.m. Basement of the Facility 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Irmaliz Fontanez United Food and Commercial Workers Local 342 166 E. Jericho Toke. 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
United Food and Commercial Workers International Union 12g. E-Mail Address Ifontanez@ufcw342.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (516) 747-5980 (516) 640-8062 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Eric M Milner Attorney Simon & Milner 99 W. Hawthorne Ave. Suite 308 NY Valley Stream 11580-13c Tel No 13d Cell No. 13e Fax No. 13f. E-Mail Address emilner@simonandmilner.com (516) 561-6828 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date ERIC M MILNER Attorney 02/4/2020 18:19:48 Eric M Milner

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE			
29-RC-255889	Date Filed 2/7/2020		

## Employees Included

All full and regular part-time grocery, cashiers, deli, meat, receivers and produce employees, employed by the employer at the 1188 Flatbush Ave., Brooklyn location

Case

## **Employees Excluded**

All other employees not listed in "Employees included" including guards, managers and supervisors as defined by the act

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE 29-RC-256430 Date Filed 2/18/2020

ALL ALTER AND SERVICE AND A	and the state of	Any / Car	o Francisco de la constitución		Contract of the contract of th	Arr	months and the management of the contract of t	
employer concerned is loca the employer and all other	ated. The petition parties named i	n must be acco	mpanied by both a s : (1) the petition; (2)	howing of interest ( Statement of Position	(see 6b below) and on form (Form NLF	a certificat (B-505); an	ffice in the Region in which the le of service showing service on d (3) Description of Representation the employer or any other party.	
PURPOSE OF THIS PETI bargaining by Petitioner an requests that the National	d Petitioner desi	res to be certified	as representative of	the employees. The	Petitioner alleges t	hat the foll	sented for purposes of collective owing circumstances exist and bor Relations Act.	
2a. Name of Employer: Housing Works , a single employer Please see Ex. "A", attached hereto			2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Please see Exhibit "A", attached hereto					
3a. Employer Representativ Charles King, Presid		ile		me as 2b - state sam by Street, 2nd		yn, NY	12201	
3c. Tel. No. 347-473-7401			3e. Fax No.   347-473-7464			3f. E-Mail Address king@housingworks.org		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Non-profit			4b. Principal Product or Service HIV/AIDS and homeles		eless services	services   5a. City and State where unit is located: Please see Ex. "B", attached her		
6b. Description of Unit Involuted: Please see Exhibit "C		hereto			<b>TY</b> 1	600	er of Employees in Unit:	
Excluded: Please see Exhibit "D", attached hereto						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No		
on or about	(Date) 2/1 er is currently red	3/2020 (I	presentative was mad If no reply received, so aining Representative one, so state)   8b. A No.	o state) and desires certifica Address:		Employer	declined recognition	
8c. Tel. No. None	8d. Cell None	8d. Cell No. None		8e. Fax No. None		8f. E-Mail Address None@example.com		
Bg. Affiliation, if any: None			8h. Date of None	8h. Date of Recognition or Certification 8i. Expiration		n Date of C tract, if any	urrent or Most (Month, Day, Year) None	
9. Is there now a strike or pick	a production of any	oloyer's establishi	And the second second second	o If so, app	roximately how man			
(Name of Labor Organization)  10. Organizations or individual individuals known to have None	als other than Pe				ned recognition as re	presentativ	er since (Month, Day, Year) None es and other organizations and	
10a. Name None	Da. Name 10b. Addre		ss		10c. Tel. No None	o.	10d. Cell No. None	
		27.27			10e. Fax No None	j,	10f. E-Mail Address None@example.com	
11. Election Details: If the NLRB conducts and election in this ma Please see Exhibit "E", attached hereto			matter, state your po-	atter, state your position with respect to any such election:			11a. Election Type:   Manual Mail Mixed Manual/Mail	
11b. Election Date(s): 11c. Election		11c. Election Please sec	e Ex. "E", attached hereto		11d. Election Please s	Please see Exhibit "E", attached hereto		
12a. Full Name of Petitioner Retail, Wholesale, an	r (including local nd Departm	name and number ent Store Ur	er): nion, UFCW				ZIP code): ew York, NY 10001	
12c. Full name of national or United Food and Co			which Petitioner is an	affiliate or constituer	nt (if none, so state)			
12d. Tel. No. 212-684-5300		II No.	12f. Fax No.			12g. E-Mail Address aobernauer@rwdsu.org		
13. Representative of the Petitioner who will accept service of all pa 13a. Name and Title: Larry Cary, counsel			13b. Add	apers for purposes of the representation proceeding.  13b. Address (street and number, city, State and ZIP code): Cary Kane LLP, 1350 Broadway, Suite 1400, New York, NY 10018				
3c, Tel. No. 212-871-0531			13e. Fax No. 646-599-9571		LCary	13f. E-Mail Address LCary @carykane.com		
I declare that I have read th Name (Print) Christopher S. Baluz	-	and that the st Signa		the best of nor know	Title counsel		Date 02/14/20	

#### **Exhibit A to RC Petition**

#### Retail, Wholesale, and Department Store Union, UFCW

#### 2a. Name of Employer

Housing Works. a/k/a Housing Works, Inc., Bailey House, Inc., Bailey-Holt House Housing Development Fund Corp., 594 Broadway Associates, Housing Works Used Book Café, Inc., Housing Works Thrift Shop, Inc., Housing Works Food Services, Inc., Housing Works Services, Inc., Housing Works Services II, Inc., Housing Works Health Services III, Inc., Housing Works Housing Development Fund Corporation, Housing Works East New York Housing Development Fund Corporation, Inc., Housing Works Pitkin Avenue Housing Development Fund Corporation, Inc., Positive Health Project, Inc., HIV Law Project, Inc., Housing Works Lyman Prospect Housing Development Fund Corporation, Housing Works 454 Lexington Avenue Housing Development Fund Corporation, Inc., Housing Works 874 Jefferson Avenue Housing Development Fund Corporation, Inc., Bronx Claremont Parkway G. P., Inc., AIDS Treatment Data Network, Inc., Life Force: Women Fighting AIDS, Inc., Housing Works 220 Hull Housing Development Fund Corporation, a single employer

#### 2b. Addresses of Establishments involved

Name	Address	City	State	
Downtown Brooklyn	57 Willoughby Street	Brooklyn	NY	
Downtown Brooklyn	81 Willoughby Street	Brooklyn	NY	
Bookstore Café Retail	126 Crosby Street	New York	NY	
Crosby Location	594 Broadway	New York	NY	
Midtown	301 W 37th Street	New York	NY	
Bronx Health Home Care	1255 Rev James A. Polite Ave	Bronx	NY	
Keith D. Cylar House	743-749 E 9th Street	New York	NY	
Stand Up Harlem House	143-145 130 Street	New York	NY	
Jefferson Avenue Supportive Housing	874 Jefferson Ave	Brooklyn	NY	
East New York Housing	2611 Pitkin Ave	Brooklyn	NY	
East New York Health Home	2605-2609 Pitkin Ave	Brooklyn	NY	
454 Lexington Ave	454 Lexington Ave	Brooklyn	NY	
Hall Housing	1061 Hall Place	Bronx	NY	
Claremont Residence	415 Claremont Pkwy	Bronx	NY	
Youth Supportive Housing	369 Howard Ave	Brooklyn	NY	
Yorkville Thrift	1730 2nd Ave	New York	NY	
West Village Thrift	245 W. 10th Street	New York	NY	
Upper East Side Thrift	1200 Lexington Ave	New York	NY	
SoHo Thrift	126 Crosby Street	New York	NY	
Park Slope Thrift	266 5th Ave	Brooklyn	NY	

Hell's Kitchen Thrift	730-732 9th Ave	New York	NY
East New York	2640 Pitkin Ave	Brooklyn	NY
Gramercy Thrift	157 East 23rd Street	New York	NY
Columbus & 74th Thrift	306 Columbus Ave	New York	NY
Chelsea Thrift	143 W 17th Street	New York	NY
Broadway & 96th St Thrift	2569 Broadway	New York	NY
South Slope Thrift	424 7th Ave	Brooklyn	NY
2nd Ave & 64th Thrift	1222 2nd Ave	New York	NY
Forest Hills Thrift	71-54 Austin Street	Forest Hills	NY
Brooklyn Heights Thrift	150 Montague Street	Brooklyn	NY
PDC Warehouse	48-49 35th Street	Long Island City	NY
Bailey House	1751 Park Ave	New York	NY
Bailey Holt House	180 Christopher Street	New York	NY

# **Exhibit B to RC Petition**

# Retail, Wholesale, and Department Store Union, UFCW

# 5a. City and State where unit is located

Brooklyn, New York

Long Island City, New York

Forest Hills, New York

New York, New York

Bronx, New York

#### Exhibit C to RC Petition

### Retail, Wholesale, and Department Store Union, UFCW

#### 5b. Description of Unit Involved

#### Included:

All full time and regular part time employees, including employees in the following titles employed at:

#### Downtown Brooklyn (57 Willoughby)

- 1. Health Home
  - a. Care Navigator
  - b. Care Manager
  - c. Intake Coordinator
  - d. Case Manager
  - e. Patient Navigator
- 2. ADHC
  - a. Licensed Clinical Social Worker
  - b. Social Worker
  - c. Registered Nurse
  - d. Intake/Manage Care Liaison
  - e. Intake Coordinator
  - f. Creative Arts Therapist
  - g. Nurse Care Coordinator
  - h. Recreation Coordinator
- 3. Primary Care
  - a. Primary Care Coordinator
  - b. Client Concierge
  - c. Health Coach
  - d. Medical Receptionist
  - e. Nurse Practitioner
  - f. Physician's Assistant
  - g. PrEP & Hep C Navigator
  - h. Medical Assistant
  - i. Substance Use Coordinator
  - j. Licensed Master Social Worker
  - k. Nurse Care Coordinator
  - 1. Intake Specialist
  - m. Referral Specialist
- 4. Health Home Administration
  - a. Intake Coordinator

- b. Peer Navigator
- c. Healthcare Data Analyst
- d. Office Assistant
- e. Housing Coordinator
- 5. Commercial Property
  - a. Custodian
- 6. Health Services Administration
  - a. Office Assistant
  - b. Outreach Specialist
  - c. Patient Service Representative
  - d. Outreach Worker
  - e. Data Entry Specialist
- 7. Job Training Program
  - a. Job Counselor Instructor
  - b. Job Placement Specialist
  - c. Vocal Ed Specialist
- 8. Mental Health
  - a. Retention & Adherence Supervisor
  - b. Mental Health Counselor
  - c. Patient Navigator
- 9. Behavioral Health
  - a. Depression Care Manager
- 10. Fleet Management
  - a. Driver
- 11. Data Operations
  - a. Office Manager

#### Downtown Brooklyn (81 Willoughby)

- 1. Legal
  - a. Staff Attorney
  - b. Law Fellow
- 2. HIV Law Project
  - a. Office Assistant
  - b. Paralegal
  - c. Staff Attorney
- 3. Community Partnerships
  - a. Community Partnerships Associate
  - b. Program Assistant
- 4. Construction & Engineering
- 5. Health Services Administration
  - a. Tobacco & Hypertension Coordinator
  - b. Quality Improvement Specialist
- Marketing

- 7. Commercial Property
  - a. Custodian
  - b. Purchasing & Vendor Manager
- 8. Fleet Operations
  - a. Driver
- 9. Billing
  - a. Medical Biller
- 10. Housing Development Administration
- 11. Information Technology
- 12. City Advocacy
- 13. Housing Works Administration
  - a. Administrative Assistant
  - b. Program Assistant
- 14. Data Operations
- 15. PHS MCM
  - a. Data Entry Specialist
- 16. ADHC
  - a. MCO Liaison
- 17. Advocacy Communications & Marketing

## Crosby (594 Broadway)

- 1. Health Home
  - a. Care Navigator
  - b. Care Manager
  - c. Intake Coordinator
  - d. Case Manager
  - e. Patient Navigator
- 2. Thrift Administration
- 3. Health Home Administration
  - a. Intake Coordinator
  - b. Peer Navigator
  - c. Healthcare Data Analyst
  - d. Office Assistant
  - e. Housing Coordinator
- 4. Commercial Property
  - a. Custodian
- 5. Donations
  - a. Donation Development Coordinator
- 6. Harm Reduction
  - a. Harm Reduction Counselor
- 7. Property Management

- a. Residential Aide
- b. Custodian
- c. Housekeeper
- d. Maintenance
- e. Residential Case Manager
- f. Senior Custodian

# Cylar (743 E 9th St)

- 1. Health Home
  - a. Care Navigator
  - b. Care Manager
  - c. Intake Coordinator
  - d. Case Manager
  - e. Patient Navigator
- 2. Primary Care
  - a. Medical Assistant
  - b. Nurse Practitioner
  - c. Client Concierge
  - d. Patient Service Representative
  - e. Psychiatric Nurse Practitioner
  - f. Impact Model Clinician
  - g. PrEP & Hep C Navigator
  - h. PrEP Navigator
  - i. Intake Specialist
  - j. Patient Care Coordinator
- 3. Property Management
  - a. Residential Aide
  - b. Custodian
  - c. Kitchen Staff- Cook
- 4. ADHC
  - a. Registered Nurse
  - b. Data Entry/Billing Specialist
  - c. Licensed Master Social Worker
  - d. Sign Language Interpreter
  - e. Licensed Clinical Social Worker
  - f. Outreach Specialist
- 5. Mental Health
  - a. Licensed Clinical Social Worker
  - b. Fee-for-Service Professional Counselor
  - c. Clinical Social Worker
  - d. Therapist
  - e. Licensed Master Social Worker
  - f. Patient Service Representative

- 6. Harm Reduction
  - a. Peer Navigator
  - b. Outreach Worker
- 7. Community Partnerships
  - a. Community Partnerships Junior Associate
- 8. Commercial Property
  - a. Custodian
- 9. Ready for Work
  - a. Job Placement Specialist
- 10. Property Management
  - a. Cook

#### Bronx

- 1. Health Home
  - a. Care Navigator
  - b. Care Manager
  - c. Intake Coordinator
  - d. Case Manager
  - e. Patient Navigator
- 2. Health Home Administration
  - a. Intake Coordinator
  - b. Peer Navigator
  - c. Healthcare Data Analyst
  - d. Office Assistant
  - e. Housing Coordinator

#### Midtown

- 1. Positive Health Project
  - a. Licensed Master Social Worker
  - b. Administration Support & Client Services Navigator
  - c. Program Support & Data Entry
  - d. Case Manager
  - e. HIV Counselor
  - f. Licensed Clinical Social Worker
  - g. Peer Navigator
  - h. Administrative Assistant
  - i. Social Worker
  - j. Patient Navigator
  - k. Overdose Prevention Program Coordinator
  - 1. Other
- 2. Harm Reduction
  - a. Peer Navigator
  - b. Case Manager

- c. Data Entry & Quality Assurance Technician
- d. Overdose Prevention Coordinator
- e. Licensed Clinical Social Worker
- f. Medical Assistant
- 3. Health Services Administration
  - a. Referral Specialist
  - b. Healthcare Data Analyst
- 4. Commercial Property
  - a. Custodian
- 5. Youth & Preventive Services
  - a. Care Navigator
- 6. ADHC
  - a. Data Entry Clerk
- 7. Community Partnerships
  - a. Junior Associate Man

### East New York (2640 Pitkin, 2611 Pitkin, 2609 Pitkin)

- 1. Primary Care
  - a. Medical Assistant
  - b. Nurse Practitioner
  - c. RAP Specialist
  - d. Eligibility Specialist
  - e. Medical Receptionist
  - f. Psychotherapist
  - g. Nurse Care Coordinator
  - h. PrEP Navigator
  - i. Outreach Specialist
  - i. Referral Specialist
  - k. Registered Nurse
  - 1. Psychiatric Nurse Practitioner
- 2. Property Management
  - a. Residential Aide
  - b. Custodian
  - c. Housekeeper
  - d. Maintenance
  - e. Residential Case Manager
  - f. Senior Custodian
- 3. Youth & Prevention Services
  - a. Care Navigator
  - b. Programming Specialist
  - c. Outreach Specialist
  - d. Senior Outreach Specialist
  - e. Senior Case Manager

- f. Peer Specialist
- g. Care Manager
- h. Program Assistant
- i. Patient Navigator

#### 4. Health Home

- a. Care Navigator
- b. Care Manager
- c. Intake Coordinator
- d. Case Manager
- e. Patient Navigator

#### 5. OASIS

- a. Administrative Assistant
- b. Art Therapist
- c. Clinical Social Worker
- d. Licensed Master Social Worker
- e. Substance Use Counselor
- f. Outreach Specialist
- g. Patient Service Representative
- h. Registered Nurse
- i. Nurse Care Coordinator

#### 6. Community Partnerships

- a. Community Partnerships Associate
- b. Community Liaison
- c. Jr Associate Man

#### 7. ADHC

- a. RAP Peer Worker
- 8. Commercial Property
  - a. Custodian
- 9. Fleet Management
  - a. Driver
- 10. Harm Reduction
  - a. Licensed Master Social Worker

### 11. Health Services

- a. Client Concierge
- b. Outreach Specialist

#### 12. Health Home Administration

- a. Intake Coordinator
- b. Peer Navigator
- c. Healthcare Data Analyst
- d. Office Assistant
- e. Housing Coordinator

- 1. Health Home
  - a. Care Manager
  - b. Case Manager
  - c. Housing Coordinator
  - d. Patient Navigator
  - e. Outreach Specialist
  - f. Housing Coordinator
- 2. Community Partnerships
  - a. Community Liaison
- 3. Primary Care
  - a. Nurse Practitioner
  - b. Medical Assistant
- 4. Property Management
  - a. Maintenance
- 5. Behavioral Health
  - a. Patient Service Representative
- 6. Housing Development Administration
- 7. Health Services
  - a. Health Care Board Client Rep
- 8. OASIS
  - a. Registered Nurse
- 9. Housing Placement & Assistance Unit
  - a. Housing Coordinator Supervisor
  - b. Housing Coordinator
- 10. STARS Program / Rapid Rehousing
  - a. Medical Receptionist
  - b. Case Manager
  - c. Outreach Specialist
  - d. Housing Coordinator
  - e. Data Entry Specialist
  - f. Mental Health Counselor
  - g. Patient Navigator
  - h. Care Navigator
  - i. Substance Use Counselor
  - j. Art Therapist
  - k. Office Assistant

#### **Bailey Holt House**

- 1. STARS
  - a. Residential Aide
  - b. Case Manager
  - c. Vocational Counselor
  - d. Maintenance

- 2. Property Management
  - a. Residential Aide
  - b. Kitchen Staff- Cook
- 3. Primary Care
  - a. Patient Care Coordinator
- 4. Health Home
  - a. Care Navigator
  - b. Care Manager
  - c. Intake Coordinator
  - d. Case Manager
  - e. Patient Navigator
- 5. Youth & Prevention Services
  - a. Case Manager
- 6. Rapid Rehousing

#### **PDC** Warehouse

- 1. PDC Moving
  - a. Mover
  - b. Donation/Dispatch Associate
  - c. Lead Mover
  - d. Sorter
- 2. Warehouse
  - a. Sorter
  - b. Operations Coordinator
  - c. Baler
  - d. Lead Mover
  - e. Mover

#### **Bookstore**

- 1. Bookstore Café
  - a. Online Sales Associate
  - b. Sales Associate
  - c. Customer Service Representative
  - d. Barista
  - e. Acting Assistant Manager
  - f. Café Manager
  - g. Sales Associate Bookstore
- 2. Online Store UBC
  - a. Inventory Assistant
  - b. Online Sales Co-Manager
  - c. Online Sales Associate
  - d. Customer Services Representative
  - e. Web Sales Associates and Shipper

#### All Thrift Stores

- 1. Sales Associate
- 2. Customer Engagement Associate
- 3. Key Holder

#### Claremont Residence (Residential Unit)

- 1. Health Home
  - a. Care Manager
- 2. Young Adult Services
  - a. Case Manager
- 3. Property Management
  - a. Custodian

## Stand Up Harlem House (Residential Unit)

- 1. Property Management
  - a. Residential Aide
  - b. Case Manager
  - c. Program Coordinator
  - d. Custodian

#### Jefferson Ave Supportive Housing

- 1. Property Management
  - a. Residential Aide
  - b. Custodian
- 2. Housing Development Administration
  - a. Residential Aide

#### **Youth Supportive Housing**

- 1. Property Management
  - a. Residential Aide
  - b. Custodian
- 2. Youth & Preventive Services
  - a. Case Manager
- 3. Housing Development Administration
  - a. Housing Coordinator

#### **Hall Place Housing**

- 1. Property Management
  - a. Residential Aide
- 2. Commercial Property
  - a. Custodian

#### MRT Housing (454 Lexington Ave)

- 1. Property Management
  - a. Residential Aide
  - b. Custodian
  - c. Residential Case Manager
  - d. Case Manager
- 2. Transgender Transitional Housing
  - a. Residential Case Manager
  - b. Program Assistant

# **Exhibit D to RC Petition**

# Retail, Wholesale, and Department Store Union, UFCW

# 5b. Description of Unit Involved

#### Excluded:

All supervisors as defined by the Act; all guards; all employees employed in the Human Resources Department located at 81 Willoughby Street, Brooklyn, New York; all employees assigned to work private events employed in the Food Service and Catering Department; and all employees in the following titles:

Accounting Manager	
Accounts Payable Manager	
Assistant Auction Manager	
Assistant Director	
Assistant Director of Nimble Stores	
Assistant Manager (Thrift)	
Assistant Program Director	
Associate Director for Facility Maintenan	ce
Associate Director of Staff Development	
Associate Director of Staff Development	
Asst Residential Safety Security Manager	
Borough Director	
Call Center Manager	
Care Coordination Supervisor	
Chief Financial Officer	
Chief Medical Officer	
Chief Operating Officer of HW Inc.	
Clinic Director	
Clinic Operations Manager	
CoManager (Thrift)	75
Compliance Risk Management Coordinate	or
Department Manager	
Director Client Services	
	_

Director Clinical Services
Director of Credentialing Contracting
Director of Events and Strategic Partner
Director of Facility Maintenance Operations
Director of Food Service
Director of Growth Product Development
Director of Healthcare Operations Art 28
Director of Housing Operations
Director of Human Resources
Director of National Advocacy
Director of New York Policy Organizing
Director of Nursing
Director of NYS Community Mobilization
Director of Operations
Director of Prep HepC Initiative
Director of Private Event Sales
Director of Processing Salvage Moving
Director of Project Management
Director of Psychiatry
Director of Purchasing and Procurement
Director of Ready To Work Program
Director of Revenue Management
Director of Stores
Director YAS and Rapid Rehousing Program
Executive Assistant
Executive Director
Facilities Manager
First Cook
Haiti Country Director
HCBS Director RTW Counselor
HR Administrative Assistant
HR Generalist
Kitchen Assistant

Project Manager Purchasing Vendor Manager Regional Director, CP Residential Aide Supervisor Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Lead Curator Aucti	on Manager
President Chief Executive Officer President Executive Director Processing and Curation Manager Program Administrative Coordinator Program Coordinator Program Director Project Manager Purchasing Vendor Manager Regional Director, CP Residential Aide Supervisor Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Managing Director	Harm Reduction Services
President Executive Director Processing and Curation Manager Program Administrative Coordinator Program Coordinator Program Director Project Manager Purchasing Vendor Manager Regional Director, CP Residential Aide Supervisor Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Operations Manage	r Administration
Processing and Curation Manager Program Administrative Coordinator Program Coordinator Program Director Project Manager Purchasing Vendor Manager Regional Director, CP Residential Aide Supervisor Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	President Chief Exe	cutive Officer
Program Administrative Coordinator Program Coordinator Program Director Project Manager Purchasing Vendor Manager Regional Director, CP Residential Aide Supervisor Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	President Executive	Director
Program Coordinator Project Manager Purchasing Vendor Manager Regional Director, CP Residential Aide Supervisor Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Processing and Cura	ation Manager
Program Director Project Manager Purchasing Vendor Manager Regional Director, CP Residential Aide Supervisor Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Program Administra	ative Coordinator
Project Manager Purchasing Vendor Manager Regional Director, CP Residential Aide Supervisor Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Program Coordinate	or
Purchasing Vendor Manager Regional Director, CP Residential Aide Supervisor Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Program Director	180 to 3160
Regional Director, CP Residential Aide Supervisor Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Project Manager	
Residential Aide Supervisor Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Purchasing Vendor	Manager
Residential Safety Security Manager Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Regional Director, (	CP CP
Retention Adherence Supervisor Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Residential Aide Su	pervisor
Roster Manager Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Residential Safety S	ecurity Manager
Senior Account Manager, CP Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Retention Adherenc	e Supervisor
Senior Managing Director Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Roster Manager	1921
Senior Program Coordinator Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Senior Account Man	nager, CP
Senior Program Director Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Senior Managing Di	rector
Senior Staff Attorney Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Senior Program Coo	ordinator
Site Director Behavioral Mental Health Store Manager (Thrift) SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Senior Program Dire	ector
Store Manager (Thrift)  SVP Healthcare Integration  SVP Housing Development Facilities Operations  SVP Programs  Unit Supervisor  Vice President for Housing  Vice President of Data and Software  Applications  Vice President of Development and Market  VP ADHC Operations	Senior Staff Attorne	у
SVP Healthcare Integration SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Site Director Behavi	oral Mental Health
SVP Housing Development Facilities Operations SVP Programs Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Store Manager (Thri	ft)
Unit Supervisor Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	SVP Healthcare Inte	gration
Unit Supervisor  Vice President for Housing  Vice President of Data and Software  Applications  Vice President of Development and Market  VP ADHC Operations	SVP Housing Devel	opment Facilities Operations
Vice President for Housing Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	SVP Programs	VIII 1995 (3-
Vice President of Data and Software Applications Vice President of Development and Market VP ADHC Operations	Unit Supervisor	
Applications Vice President of Development and Market VP ADHC Operations	Vice President for H	ousing
VP ADHC Operations	Vice President of Da Applications	ata and Software
	Vice President of De	evelopment and Market
VP Community Mobilization	VP ADHC Operatio	ns
11 Community Modifization	VP Community Mol	oilization

VP	Community Partnerships
VP	for Health Equity
VP	for Quality and Value Based Initiative
VP	Health Home
VP	Housing Operations
VP	Integrated Health Services and Operations
VP	of Behavioral Health Operations
VP	of Human Resources
VP	of Operations and Compliance
VP	Thrift Shops
Wa	iter

# **Exhibit E to RC Petition**

## Retail, Wholesale, and Department Store Union, UFCW

#### 11. Election Details

Manual voting. March 2, 2020 is best because workers will be in their respective offices as part of the Employer's "Contact-a-thon" event.

#### 11b. Election Date

March 2, 2020.

#### 11c. Election Time

10:00AM to 9:00PM

#### 11d. Election Locations

Site Name	Site Address	Voting Location at Site	Housing Works Locations to Vote at Site
East New York	2640 Pitkin Ave, Brooklyn, NY	Medical Building Conference Room, Ground Floor	2609 Pitkin Ave, 2640 Pitkin (All East New York departments)
Downtown Brooklyn	57 Willoughby Street, Brooklyn, NY	2 <sup>nd</sup> Floor Small or Large Conference Room	Brooklyn West Health Home Care (57 Willoughby), 81 Willoughby, Brooklyn Heights Thrift, Park Slope Thrift, South Slope Thrift, 874 Jefferson Ave, 454 Lexington Ave, 369 Howard Ave
Crosby/Bookstore	126 Crosby, New York, NY	Bookstore Basement	Bookstore, Crosby (Manhattan Health Home), Soho Thrift, Gramercy Thrift, Bailey Holt House
Bailey House	1751 Park Ave, New York, NY	4 <sup>th</sup> Floor Small Conference Room	Bailey House, Yorkville Thrift, 2 <sup>nd</sup>

		ii	Ave & 64 <sup>th</sup> St Thrift, Upper East Side Thrift, Stand Up Harlem
Bronx	1255 Rev James A. Polite Ave, Bronx, NY	Conference Room Ground Floor	Bronx Health Home Care, Hall Housing, Claremont Residence
Midtown	301 W 37 <sup>th</sup> St, New York, NY	5 <sup>th</sup> Floor Conference Room	West Village Thrift, Midtown Location (Positive Health Project), Hell's Kitchen, Chelsea Thrift, Columbus & 74 <sup>th</sup> St Thrift, Broadway & 96 <sup>th</sup> St Thrift
Keith D. Cylar House	743-749 E 9 <sup>th</sup> St, New York, NY	2 <sup>nd</sup> Floor Conference Room	Keith D. Cylar House
PDC Warehouse	48-49 35 <sup>th</sup> St, Long Island City, NY	To be determined	PDC Warehouse, Forest Hills Thrift

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.		Date Filed			
	29-RC-256443	2/18/2020			

						2) IC-	230773 27	10/2020
INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4	The petition must be as named in the pet	e accompanied bition of: (1) the pe	y both a sh etition; (2) S	owing of Interest (see 6) Statement of Position for	b below) and m (Form NL)	f a certifica RB-505); an	te of service showing nd (3) Description of R	service on Representation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Pet     requests that the National Lab	titioner desires to be	certified as repres	entative of th	ne employees. The Petitio	ner alleges	that the fol	lowing circumstances	
Five Star Carting, Inc. 860 I				Establishment(s) involved St. I 1222	(Street and I	number, City	r, State, ZIP code):	
Anthony Tristani 58-35			tress <i>(if sam</i> 5 47th Streeth, NY 1					
3c. Tel. No. (718) 349-7555	3d. Cell No.		3e. Fax No	).	3f. E-Mail A	ddress		
4a. Type of Establishment (Factory) Waste Management	, mine, wholesaler, e	tc.)		pat Product or Service nanagement services	12	5a. City ar Brooklyr	nd State where unit is lo n, NY	ocated:
5b. Description of Unit Involved: Included: All full-time and part-time help	pers, welders, an	d mechanics			- 1	45	er of Employees in Unit	
Excluded: Clerical and professional em						of the represe	substantial number (30% employees in the unit we ented by the Petitioner	ish to be
	e) urrently recognized a	(If no reply r is Bargaining Rep	eceived, so resentative a	state). and desires certification un		a Employer	declined recognition	
8a. Name of Recognized or Certif LIFE Local 890	ned Bargaining Age	nt (ii none, so sia		dress: 73rd Street, Brookly	n, NY 112	09		
8c. Tel. No. (718) 238-2399	8d. Cell No.		8e. Fax No	).	8f. E-Mail Address			
8g. Affiliation, if any:			h. Date of R	ecognition or Certification			urrent or Most (Month, Day, Year)	1/21/2020
Is there now a strike or picketing     (Name of Labor Organization)	at the Employer's es	tablishment(s) inv	olved? No				es are participating? ver since (Month, Day,	Year)
Organizations or individuals oth individuals known to have a rep     None							es and other organizat	ons and
10a. Name	10b. A	ddress			10c. Tel. No	0.	10d. Cell No.	
	4				10e. Fax N	0.	10f. E-Mail Address	
11. Election Details: If the NLRB of	conducts and election	in this matter, sta	te your posit	tion with respect to any su		X Manu	al Mail Mix	ed Manual/Mail
11b. Election Date(s): Friday		lection Time(s): 11AM				on Location( y facility (8	s): 860 Humboldt St.)	
12a. Full Name of Petitioner (included Waste Material, Recycling, 108			rs' Local	12b. Address (street and 121 E 24 Street New York, NY 100		, State and	ZIP code):	
12c. Full name of national or international Union	•		tioner is an a	affiliate or constituent (if no	one, so state)	):		
12d. Tel. No. (212) 925-9634		12f. Fax N		12g. E-Mail			13	
13. Representative of the Petitioner who will accept service of all pap 13a. Name and Title: Tamir Rosenblum, Esq., General Counsel Mason Tenders District Council of Greater New York		apers for purposes of the representation 13b. Address (street and number, city, 8 520 8th Avenue, Suite 650 New York, NY 10018		ty, State and	ZIP code):			
13c. Tel. No. (212) 452-9451	13d, Cell No.	To be a super	13e. Fax N			ım@maso	intenders.org	
I declare that I have read the abo	ve petition and that		re true to th		_			Date
Name (Print) Tamir Rosenblum		Sionature		1KS G	<sub>le</sub> eneral Cou	insel		Date 2/14/20209

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

III	DO NOT WRITE IN TH	IS SPACE
Case No.	29-RC-256449	Date Filed 2/18/2020

INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition must be is named in the petit 312). The showing o	accompanied by ion of: (1) the pet finterest should (	ition; (2) Sta only be filed	tement of Pos with the NLR	sition form B and sho	(Form NLR) uld not be s	B-505); and erved on the	(3) Description of employer or an	f Representation y other party.
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petitioner and Petitioner and Lab     requests that the National Lab	RC-CERTIFICATION	OF REPRESENT ertified as represent proceed under its	ATIVE - A s ntative of the proper aut	ubstantial num employees. Ti hority pursuar	ber of empl he Petition it to Section	loyees wish t er alleges th on 9 of the N	o be represe nat the follow ational Lab	nted for purposes wing circumstan or Relations Act.	of collective ces exist and
2a, Name of Employer: Five Star Carting, Inc.	2b. Addr 860 H	ess(es) of E umboldt S yn, NY 11	stablishment(s)	involved (	Street and no	ımber, City,	State, ZIP code):		
3a. Employer Representative - Na Anthony Tristani	ame and Title;	58-35	ess (if same 47th Streeth, NY 11		ame):				
3c. Tel. No. (718) 349-7555	3d. Cell No.		3e. Fax No.			3f. E-Mail Ac			
4a. Type of Establishment (Factory, Waste Management	, mine, wholesaler, et	c.)		l Product or Se anagement s			Brooklyn,		
5b, Description of Unit Involved: Included: All full-time and part-time driv Excluded:	vers						65 6b. Do a su	of Employees in bstantial number apployees in the u	(30% or more)
Clerical and professional em Check One: 7a. Request for non or about (Date 7b. Petitioner is co	ecognition as Bargain e) currently recognized a	ing Representative (if no reply re is Bargaining Repr	eceived, so se esentative and e) 8b. Add	itate). nd desires certi dress:		der the Act.	Employer d	nted by the Petitio eclined recognitio	ner? ⊠ Yes □ No n
LIFE Local 890			325 7	73rd Street,	Brooklyr	1, NY 1120	09		
8c, Tel. No. (718) 238-2399	8d, Cell No.		8e. Fax No			8f. E-Mail Address			
8g. Affiliation, if any:		81	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 4/21/2020						
9, Is there now a strike or picketing (Name of Labor Organization)  10. Organizations or individuals other individuals known to have a re-	har than Detitioner an	d those named in i	tems 8 and 9	9. which have o	laimed rec	has picketed	the Employe	are participating er since (Month, E es and other organ	Day, Year)
None			i ilo dini do		20033132	10c. Tel. N		10d. Cell No.	
10a. Name	106, 2	Address	10e. Fax N		Io. 10f. E-Mail Address		ess		
11. Election Details: If the NERB	conducts and election	n in this matter, sta	te your posit	tion with respec	et to any su	ich election:	11a. Electio	n Type:	Mixed Manual/Mail
11b. Election Date(s): Friday	3AM	Election Time(s): -11AM				11d. Election Location(s): Company facility (860 Humboldt St.) and number, city, State and ZIP code):		(t.)	
12a. Full Name of Petitioner (inc Waste Material, Recycling 108	, and General In-	dustrial Labore		121 E 24 S New York,	Street NY 100	10		Em dodoj.	
12c. Full name of national or inter- Laborers' International Unio	n of North Americ	ation of which Peti a, AFL-CIO			tituent <i>(if n</i>				
12d. Tel. No. (212) 925-9634	12e. Cell No.		12f. Fax N		anzacanta	12g, E-Ma			
13. Representative of the Petition 13a. Name and Title: Tamir Rosenblum, Esq., Communication Mason Tenders District Communications	General Counsel ouncil of Greater		520 8th New Yo	Avenue, Street and Avenue, Stork, NY 100	uite 650	ity, State and	Zir code).		
13c. Tel. No. (212) 452-9451	13d. Cell No.		13e. Fax		knowled	trosenbl	um@masc	ntenders.org	
I declare that I have read the ab Name (Print) Tamir Rosenblum	ove petition and tha	Signature	are true to t	ne best of my	1.0	le and bellet deneral Co			Date 2/14/20209

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

R C PETITION

Case No.

	DO NOT WRIT	E IN THIS SPACE	
Case No.	29-RC-256934	Date Filed	2/26/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 141 Hinsdale St Allied Transit Corp/ Empire State Corp/Empire Charter Service Inc Brooklyn 11207 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 141 Hinsdale St NY Brooklyn 11207-John Cursio 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (718) 485-8002 Jcurcio@alliedempire.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation passenger transport Brooklyn, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 250 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 265 West 14th street NY New York 10011-IBT Local 553 Demos Demopoulos 8c. Tel No. 8d Cell No. 8e. Fax No 8f F-Mail Address (212) 929-6828 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) International Brotherhhod of Teamsters 06/30/2019 07/01/2016 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3/13/2020 0800x1000 1500x1700 148 Sneideker Ave Brooklyn NY 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) none 12g. E-Mail Address TheLocal854@gmail.com 12d. Tel No. 12e, Cell No. 12f. Fax No. (347) 735-2258 (631) 767-0606 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Bryan McCarthy Esq. Attorney BCM Associates 1454 Route 22 Suite B 101 NY Brewster 10509-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address bcm@bcmassociates.org (914) 588-4480 (914) 588-4480 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date President Nick Lacerenza 02/21/2020 12:49:07 Nick Lacerenza

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE				
se	Date Filed			
29-RC-256934	2/26/2020			

# Employees Included

All full and part time drivers, Matrons and attendants employed at the facilities located at 141 Hinsdale St Brooklyn, NY, 148 Sneideker St Brooklyn, NY, and 12505 Essex St Brooklyn, NY

Case

Employees Excluded

all managers, professional employees and guards as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
R.C. P.F.T.L.T.L.O.N

Case No. 29-RC-257035 Date Filed 2/27/20

	OLFILION		A STATE OF THE RESERVE OF THE PARTY OF THE P			TATE OF THE STATE	
INSTRUCTIONS: Unless	e-Filed using the Agend	cy's website,	www.nlrb.gov, submit	an original of this P	etition to a	n NLRB office in the Region ee 6b below) and a certificate	
of service showing serv	ice on the employer and	all other nam	tice named in the natit	ion of: (1) the netition	n. /21 State	ement of Position form	
/Form NI DR 5051: and /	2) Description of Penres	entation Case	a Procedures (Form N	I RR 4812) The sho	wing of int	erest should only be filed	
with the NLRB and shou				LIND 4012). The sho	wing or inc	erest should only be med	
1. PURPOSE OF THIS PETIT	ON: RC-CERTIFICATION Of Petitioner desires to be certifications Relations Board pro	F REPRESENTA	ATIVE - A substantial number	e Petitioner alleges that	the followin	g circumstances exist and	
2a. Name of Employer	Labor Relations Board pro	ceed under its p	Address(es) of Establishme	ent(s) involved (Street and	number, city	, State, ZIP code)	
Xtell Parking		1.0000	36 Sutphin Boulevard				
3a. Employer Representative	- Name and Title		3b. Address (If same	A SECTION OF THE PARTY OF THE PARTY			
Harry Jiminez			SAME	and a surrenance			
3c. Tel. No.	3d, Cell No. 917-592-47	62	3e. Fax No.	4	Bf, E-Mail Add	Iress	
4a. Type of Establishment (Fa Parking Garage	ctory, mine, wholesaler, etc.)	4b. Principal p Parking Ca	product or service		100000000000000000000000000000000000000	and State where unit is located: ca, NY 11435	
5b. Description of Unit Invol				VI		6a. No. of Employees in Unit:	
Excluded:	regular part-time manage Sutphin Boulevard, Jama mployees, guards	ica, NY 11435			's parking	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No	
	Request for recognition as Bar (Date) Petitioner is currently recognize	(If no reply rece	ived, so state).	-10110	ec waster on	clined recognition on or about	
	Certified Bargaining Agent (						
8c, Tel No.	8d Cell No.		Se. Fax No.		8f, E-Mail Address		
8g. Affiliation, if any			8h. Date of Recognition	CO CO CONTROL		ration Date of Current or Most Recent it, if any (Month, Day, Year)	
Is there now a strike or pick     (Name of labor organizatio     Organizations or individual	n)ls other than Petitioner and th	ose named in ite	picketed the Employer since ms 8 and 9, which have cla	(Month, Day, Year)		articipating?  d other organizations and individuals	
known to have a representation	re interest in any employees in NONE	the unit describ	ed in item 5b above. (If nor				
10a. Name	10b. A	ddress		10c. Tel. No.		10d. Cell No.	
				10e, Fax No.		10f. E-Mail Address	
11. Election Details: If the N any such election.	LRB conducts an election in t	his matter, state	your position with respect to	11a. Election Type:[	✓ Manual [	Mail Mixed Manual/Mail	
11b. Election Date(s): March 13, 2020		Election Time(s): m - 7:30am, 4:3		11d. Election Location(s): 89-36 Sutphin Boulevard, Jamaica, NY 11435			
12a. Full Name of Petitioner	(including local name and i	number)		12b. Address (street and number, city, state, and ZIP code) 220 East 23rd Street, Room 801, New York, NY 10010			
Garage Employees Union Lo 12c. Full name of national or See Item 12a above	nternational labor organization				i, Koom oo i	New Tolk, NT 10010	
12d. Tel No. 212-726-9726	. Tel No. 12e. Cell No. 12			12f. Fax No. 12g. E-M		ddress	
	etitioner who will accept ser	vice of all paper	rs for purposes of the ren	resentation proceeding.			
13a. Name and Title Bruce J			13b. Address (street	and number, city, state, a 28th Floor, New York, NY 10	nd ZIP code)		
13c. Tel No. 212-652-3727	13d. Cell No.	1/1	13e, Fax No. 212-652-3891		13f. E-Mall A		
	e above petition and that the	statements are	2 THE LEWIS CO. LANSING				
Name (Print)	Signajure ///	Wall.	Title	1000	Date	AND ADDRESS OF THE PARTY OF THE	
Bruce I Cooper		111111	Attorney		February	26 2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	29-RC-257095	Date Filed	2/28/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 160 Schermerhorn Street Breaking Ground, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 666 Third Avenue, 29th Floor NY New York 10017-Linda R Carlozzi Esq. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (212) 545-4040 Linda.Carlozzi@jacksonlewis com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Housing Brooklyn, NY 6a. No. of Employees in Unit: 5b. Description of Unit Involved 10 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail \_\_\_\_ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Tuesdays 160 Schermerhorn Street, Brookyn, NY 11201 12pm-1pm and 4pm-7pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Pedro Cardi Local 210, International Brotherhood of Teamsters 55 Broad Street, 11th Floor NY New York 10004-12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Teamsters 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Clara Suh Esq. Hoffmann & Associates 450 Seventh Avenue, Suite 1400 NY New York 10123-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address clara.suh@hoffmannlegal.com (212) 679-0400 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Clara Suh Clara Suh Esq 02/27/2020 13:13:28

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE						
Case		Date Filed				
	29-RC-257095	2/28/2020				

Employees Included

All maintenance workers working at 160 Schermerhorn Street, Brookyn, NY 11201 including housekeepers, engineers and painters

Employees Excluded
Office clerical employees, supervisors, security officers

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 31-RC-255625	Date Filed 2/3/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Honeyville Grain, Inc. 11600 Dayton Dr., Rancho Cucamonga, CA 91730 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Miguel Gatyan, H. R. Manager Same. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 909-243-1094 909-980-6503 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Distribution Center **Grain Products** Rancho Cucamonga, CA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attachment. Excluded: See Attachment. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None. 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None. 10a, Name 10b. Address 10c Tel No 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 25 or 26, 2020 45 minutes prior to start of shift An appropriate breakroom or meeting room. 12a. Full Name of Petitioner (including local name and number): Teamsters, Chauffeurs, Warehousemen, Industrial and 12b. Address (street and number, city, State and ZIP code): 18597 Valley Blvd., Bloomington, CA 92316 Allied Workers of America, Local 166 12c, Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d. Tel. No. 12f. Fax No. 12g. E-Mail Address 909-877-8326 909-877-2812 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Arthur N. Four, c/o REICH, ADELL & CVITAN 3550 Wilshire Blvd., Ste. 2000, Los Angeles, CA 90010 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 213-386-3860 213-386-5583 arthurf@rac-law.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Arthur N. Four Counsel for Petitioner 2/3/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

# **ATTACHMENT TO SECTION 5b "Description of Unit"**

Included: All Delivery Truck Drivers employed by the Employer out of its facility in

Rancho Cucamonga, CA.

Excluded: All other employees, confidential employees, guards and supervisors as defined in

the Act, as amended.

FORM NLRB-502 (RC)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No.

DO NOT WRITE IN THIS SPACE Date Filed

Date

2/24/2020

RC PETITION 31-RC-256845 2/24/2020 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be flied with the NLRB and should not be served on the employer or any other party. 1, PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 3250 Wilshire Boulevard, Suite 1010, Los Angeles, CA 90010 Wage Justice Center 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Ana Cisneros Alvarez, ED/Legal Dir. and Same Tania Millan, HR/Dir. of Finance & Admin. 3e Fax No. 3f. E-Mail Address 213-273-8400 X 308 & 307 ana@wagejustice.org tania@wagejustice.org 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Office Non-profit legal services Los Angeles, CA 5b. Description of Unit Involved: 6a Number of Employees in Unit: Included: All full-time and regular part-time Staff Attorneys, Asset Investigators, IT Staff, Legal Fellows, and Paralegals. 6b Do a substantial number (30% or more) of the employees in the unit wish to be Excluded: All managers, guards and supervisors as defined by the Act. represented by the Petitioner? X Yes \( \subseteq No Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) By petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8c. Tel. No. 8f. E-Mail Address 8d. Cell No. 8e Fax No. 8g. Affillation, If any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Is there now a strike or picketing at the Employer(s) establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c Tel No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a, Election Type: Manual □ Mail □ Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Monday, March 9, 2020 12:00 p.m. − 1 p.m. Empty Office at Employer's location 12b. Address (street and number, city. State and ZIP code): 12a. Full Name of Petitioner (including local name and number): International Association of Machinists and 535 W. Willow St. Long Beach, CA 90806 Aerospace Workers, District Lodge 947 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO 12d Tel. No. 12e Cell No. 12f Fax No. 12g E-Mail Address (562) 427-1122 (562) 427-8900 (562) 208-7634 13. Representative of the Petitioner who will accept service of all papers for for purposes of the representation proceeding, 13a, Name and Title: 13b. Address (street and number, city, State and ZIP code): Weinberg, Roger & Rosenfeld Xochitl A. Lopez, Attorney 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13f. E-Mail Address 13c. Tel. No. 510-337-1001 510-337-1023 NLRBnotices@unioncounsel.net

Attorney

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Xochitl A. Lopez

#### UN TED STATES OF AMER CA NAT ONAL LABOR RELAT ONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE				
Case No. 31-RC-257073	Date Filed 2/27/2020			

INSTRUCTIONS: Unless e-Filed us employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must l named in the pet	e accompanied by ition of: (1) the per	y both a sh tition; (2) S	owing of interest (statement of Position	ee 6b below) and n form (Form NL	d a certificate RB-505); and	e of service s I (3) Descript	howing service on ion of Representation	
PURPOSE OF THIS PETITION Is bargaining by Petitioner and Petit requests that the National Laboratory	ioner desires to be	certified as represe	entative of the	ne employees The Po	etitioner alleges	that the follo	wing circum	stances exist and	
2a. Name of Employer: Mercy Hospital Southwes	it		Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 00 Old River Rd, Bakersfield, CA 93311						
Mercy Hospital Downtow				Ave., Bakersf					
3a. Employer Representative - Nan Judy S. Coffin, V.P. & As				eet, Suite 300		co, CA 94	1107		
Counsel 3c Tel No	3d Cell No		3e Fax No		3f E-Mail A	ddrees			
(415) 438-5755	30 Cell NO		Take a Linear A Control	38-5726			nityhealth	.org	
4a. Type of Establishment (Factory, Medical Facility	mine, wholesaler, e	etc)	4b. Princip Health	al Product or Service Care		5a City and Bakersfie		unit is located	
5b. Description of Unit Involved: Included: All Medical Social Works	ers and All Li	censed Clinic	al Socia	l Workers		6a Number	r of Employee	s in Unit	
Excluded: All other classificatemployees and supervisor	tions, including	g but not limite			onfidential	of the er	mployees in the	ber (30% or more) ne unit wish to be etitioner? x Yes No	
Check One Tale Tale Tale Tale Tale Tale Tale Tal		(f no reply re	eceived so		Production		eclined recog	The state of the s	
8a. Name of Recognized or Certifie		ALTERNATION OF THE RESIDENCE OF THE RESI	ALIENA CONTRA		or andor the riot				
None									
8c Tel No	8d Cell No		8e Fax No	8e Fax No 8f E-Mail Address					
8g. Affiliation, if any:		8h	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					Year)	
9 s there now a strike or picketing a	t the Employer's es	stablishment(s) invo	lved? No	f so appro	ximately how man	ny employees	are participa	ting?	
(Name of Labor Organization)							120 A 6 115 2 A	h, Day, Year)	
Organizations or individuals othe individuals known to have a repre						3.0	s and other o	rganizations and	
10a Name	10b A	Address			10c Tel N	D			
					10e Fax N	10e Fax No		10f E-Mail Address	
11. Election Details: If the NLRB co	nducts and election	n in this matter, stat	e your posi	tion with respect to ar	ny such election:	11a Election	Туре		
	1				1	x Manua		Mixed Manual/Mail	
11b. Election Date(s): 3/17/20 or 3/18/20	1:00	election Time(s): pm – 1:30pm	; 2:30pn		Confere	A TOTAL STATE	inside fa	cility.	
12a. Full Name of Petitioner (include Service Employees Intern			thcare	12b Address (street 5480 Ferguson				22	
Workers-West 12c. Full name of national or internat	ional labor organiz	ation of which Detiti	oner is an a	offiliate or constituent	(if none so state)				
Service Employees Intern	ational Unior	l	12f Fax N						
12d Tel No (323) 734-8399				21-3538	12g E-Mai	Address			
13. Representative of the Petitione 13a. Name and Title: William T. Hanley	r who will accept	service of all pape	13b. Addre Weinber	poses of the represe ess (street and number rg, Roger & Rose a, CA 94501	er, city, State and	ZIP code):	lage Parkv	vay, Suite 200,	
13c Tel No (510) 337-1001	13d Cell No		13e Fax N			13f E-Mail Address whan ey@un oncounse .net; nlrbnotices@unioncounsel.net			
I declare that I have read the above	e petition and that	0: 1						15	
Name (Print) William T. Hanley				5	Attorney			Date 02/27/20	

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 31-RC-257230	Date Filed 2/28/2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the polition of: (1) the polition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 12856 Old River Rd., Bakersfield, CA 93311 Sierra Transport, Inc. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - slate same): Keith Lutrel, General Manager Same Michael Dake, Dispatch 3f. E-Mail Address 3d. Cell No. 3e. Fax No. 661-399-0246 keith@lutreltrucking.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Bio-Solids Transportation 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 23 Drivers Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No Dispatchers, Mechanics, Supervisors, and Guards as defined by the Act Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By this petition and Employer declined recognition on or about (Date) (If no reply received, so state), 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None Bc. Tel. No. 8d. Cell No. 8e, Fax No. 8f. E-Mail Address Bq. Affiliation, if any: 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c Tel No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3/13/2020 6:00 am - 8:00 am; 2:00 pm - 5:00 pm 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 2531 G Street Teamsters Local 87 Bakersfield, CA 93301 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 661-327-8594 661-327-0931 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Peter McEntee, Attorney 520 Capitol Mall, Suite 300 Sacramento, CA 95814 13c. Tel. No. 13d, Cell No. 13f. E-Mail Address 13e. Fax No. 916-325-2100 916-325-2120 pmcentee@beesontayer.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Name (Print) Signatu Peter McEntee 2/28/2020 Attorney

WILLFUL FALSE STATEMENTS ON THIS SETITION OAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Roard (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 32-RC-256089	Date Filed 02/10/2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Tartine Berkeley,LLC 2600 Durant Ave., Berkeley, CA 94704 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Ariel Mahon same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 510-809-4133 ariel.mahon@tartinebakery.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: bakery/restaurant bakery food and beverage services Berkeley, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: approx 18 Included: see attachment 6b. Do a substantial number (30% or more) of the employees in he Excluded: see attachment unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recogni ion on or about Check One: (Date) (If no reply received, so state). no reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address none 8c Tel No 8d Cell No 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): as soon as possible, pref. not on Mon. or Tue. mid-day window at the employer's location 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1188 Franklin St., 4th Floor, San Francisco, CA 94109 International Longshore and Warehouse Union 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (415) 775-1302 (415) 775-0533 agustin ramirez@ilwu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Emily Maglio, attorney 13b. Address (street and number, city, state, and ZIP code) 1188 Franklin St., Ste. 201, San Francisco, CA 94109 13c Tel No 13d. Cell No. 13e Fax No. 13f F-Mail Address (415) 771-6400 (415) 771-7010 emaglio@leonardcarder.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Emily M. Maglio attorney 2/10/20 BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

PRIVACY ACT STATEMENT

# **Tartine Berkeley**

5.b.

Included: All bakers, porters, dishwashers, cashiers, baristas, and leads

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS	SPACE				
Case No. Date Filed					
32-RC-256264	02/12/2020				

						32 1	CC 2302	0 1 02	2/12/2020	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	n must be accomp the petition of: (	panied b 1) the pe	y both a sh tition; (2) S	nowing of Interest (see Statement of Position f	6b below) an orm (Form NL	d a certifica: .RB-505); an	te of service showing d (3) Description of R	service on epresentation	
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petit     requests that the National Laborature	ioner desire	es to be certified a	s represe	entative of the	he employees. The Peti	tioner alleges	that the foll	owing circumstances		
2a. Name of Employer: Siemens Logistics				2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Airport Drive, Oakland, CA 94621						
3a. Employer Representative - Name and Title: Janet Smith, Director of Human Resources					ne as 2b - state same): Blvd., Suite 200B	, DFW Ai	rport, TX	75261		
3c. Tel. No. (972) 947-7106	3d. Cell N	0.		3e. Fax No	).	3f. E-Mail janet.sn		nens-logistics.co	om	
4a. Type of Establishment <i>(Factory.)</i> Airport	mine, whole	esaler, etc.)		4b. Princip Baggag	al Product or Service C		5a. City ar Oakland,	d State where unit is lo CA	cated:	
5b. Description of Unit Involved: Included: Baggage, Technicians, A,	B and (	2					6a. Numbe	er of Employees in Unit:		
Excluded: Professionals, Supervisors							of the e	ubstantial number (30% employees in the unit wi ented by the Petitioner?	sh to be	
	To rently reco	oday (If no gnized as Bargaini	o reply re ing Repre	eceived, so esentative a			d Employer	declined recognition		
8a. Name of Recognized or Certific	ed Bargain	ing Agent (If none	e, so state	e) 8b. Ad	dress:					
Bc. Tel. No.	8d. Cell No	0.		8e. Fax No	).	8f. E-Mail	8f. E-Mail Address			
Bg. Affiliation, if any:			18	8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing a	t the Emplo	yer's establishmer	nt(s) invo	lved? No	If so, approxim	nately how ma	ny employee	s are participating?		
(Name of Labor Organization)						, has pickete	the Employ	er since (Month, Day, Y	ear)	
<ol> <li>Organizations or individuals other individuals known to have a repre</li> </ol>								es and other organization	ns and	
10a. Name		10b. Address					0.	10d. Cell No.		
						10e. Fax N	0.	10f. E-Mail Address		
11. Election Details: If the NLRB con	nducts and			e your posit	ion with respect to any		▼ Manua	I Mail Mixe	d Manual/Mail	
11b. Election Date(s): First possible Wednesday		11c. Election Tim 12:30 - 3:00					11d. Election Location(s): Oakland Airport			
IZA. Full Name of Petitioner (including local name and number):  Stationary Engineers, Local 39  12b. Address (street and number, city, State and ZIP code): 1620 N. Market Boulevard, Sacramento, CA 95834										
2c. Full name of national or internati International Union of Op-							) <i>:</i>			
12d. Tel. No. (916) 928-0399				12f. Fax No	0.		12g. E-Mail Address   seichenberger@local39.org			
33. Representative of the Petitioner who will accept service of a 3a. Name and Title: Gary Provencher, Attorney			all pape	13b. Addre	oses of the represent ss (street and number, reet, Suite 202, Sac	city, State and	ZIP code):			
3c. Tel. No. (916) 443-6600	13d. Cell N				42-0244	gprover	13f. E-Mail Address gprovencher@unioncounsel.net			
declare that I have read the above	petition a	T		e true to th					I Data	
Name (Print) Gary P. Provencher		Signature	Page	Jh-		itle Attorney			Date 2/12/2020	

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
32-RC-256395	02/14/2020					

					al of this Petition		fice in the Region in which the		
the employer and all other part	ties named in the p	petition of: (1) ti	he petition; (2) S	Statement of Posi	tion form (Form N	LRB-505); an	e of service showing service on d (3) Description of Representation he employer or any other party.		
PURPOSE OF THIS PETITIO bargaining by Petitioner and P requests that the National Li	etitioner desires to	be certified as re	presentative of the	he employees. The	Petitioner allege	s that the foll	owing circumstances exist and		
2a. Name of Employer: Pepsi Beverages Compa	any		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6300 Cameron Blvd., Gilroy, CA 95020						
3a. Employer Representative - Name and Title: Victor Bolanos, General Manager			3b. Address (if same as 2b - state same): Same.						
3c. Tel. No. (408) 713-2467	3d. Cell No. (510) 329-	0689	3e. Fax N (408) 8	o. 42-6165	70.00	Address m.bolanos	@pepsico.com		
4a. Type of Establishment (Factor distribution center	ry, mine, wholesale	r, etc.)		pal Product or Service and dis		5a. City ar Gilroy, C	d State where unit is located: A		
5b. Description of Unit Involved Included: All full-t tives (including	ime and re					6a. Number	er of Employees in Unit:		
Excluded: All other employees.	Targe Tot	mat, sma	II TOTMA	c and rer.	iei).	of the	ubstantial number (30% or more) employees in the unit wish to be ented by the Petitioner?   Yes No		
	te) currently recognize	(if no re ed as Bargaining	eply received, so Representative	state). and desires certific	y petition		declined recognition		
8a. Name of Recognized or Cer None.	tified Bargaining A	Agent (If none, s	o state) 8b. Ad	ddress:					
8c. Tel. No.	8d. Cell No.		8e. Fax N	0.	8f. E-Mai	8f. E-Mail Address			
8g, Affiliation, if any:			8h. Date of F	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
Is there now a strike or picketin (Name of Labor Organization)	ng at the Employer's	establishment(s	s) involved? No	O. If so, ap			s are participating? er since (Month, Day, Year)		
Organizations or individuals of individuals known to have a re None.					med recognition as	representativ			
10a. Name	108	o, Address			10c. Tel.	No.	10d, Cell No.		
					10e. Fax	No.	10f. E-Mail Address		
11. Election Details: If the NLRE	conducts and elec	tion in this matte	r, state your pos	ition with respect to		x Manua	Mail Mixed Manual/Mail		
11b. Election Date(s): February 27, 2020	5a	m-6am & 2					tion at employer's facility		
12a. Full Name of Petitioner (inc Teamsters Local 853	cluding local name i	and number):			reet and number, of E Lane, Oakla				
12c. Full name of national or inter International Brotherho			Petitioner is an	affiliate or constitue		*			
12d. Tel. No. (510) 895-8853				95-6853	rtorres	12g. E-Mail Address rtorres@teamsters853.org			
Representative of the Petitioner who will accept service of all 13a. Name and Title:     Susan K. Garea, Attorney			13b. Addr	mber, city, State at	tation proceeding. ; city, State and ZIP code): 483 Ninth Street, Ste. 200, Oakland, CA 94607				
13c, Tel. No. (510) 625-9700	13d. Cell No.		13e. Fax No. (510) 625-8275		sgarea	13f. E-Mail Address sgarea@beesontayer.com			
I declare that I have read the at	ove petition and t		nts are true to t	he best of my kno	owledge and belle	of.	Date		
Name (Print) Susan K. Garea		Signature	sur	0	Attorney		02/14/20		

UN TED STATES GOVERNMENT NAT ONAL LABOR RELAT ONS BOARD

DO NOT WRITE IN THIS SPACE Case No

Date Filed

RC PETITION 32-RC-257141 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1 PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees 
The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2050 Farmont Dr., San Leandro 94578 W ow Rock Center — Te ecare 3a. Employer Representative Name and Title 3b Address (f same as 2b state same) Ju e Hodges, Adm n strator Same 3c Tel No 3d Cell No 3e Fax No 3f E-Mail Address 510-895-7406 510-895-5502 Jhodges@te ecarecorp.com 4a Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b Principal product or service Menta Heath Fac ty Counse ng & Menta Heathcare San Leandro, CA 5b. Description of Unit Involved 6a No of Employees in Unit Included: All full-time, part-time and per diem Registered Nurses. 6b Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All other classifica ions including but not limited to guards managers confidential employees and supervisors as defined by the Act Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No 8e Fax No 8f E-Mail Address 8g Affiliation if any 8h Date of Recognition or Certification 8i Expiration Date of Current or Most Recent Contract if any (Month, Day, Year) Unknown 9 s there now a strike or picketing at the Employer's establishment(s) involved? No. f so approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10 Organizations or individuals other than Petitioner and those named in items 8 and 9 which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above (If none, so state) None 10a Name 10b Address 10c Tel No 10d Cell No 10e Fax No 10f E-Mail Address 11 Election Details: f the NLRB conducts an election in this matter state your position with respect to Mixed Manual/Mail 11a Election Type Manual V Mail any such election 11b Election Date(s) 3/11/2020 11c Election Time(s) 11d Election Location(s) 6a 8a 11a 1p 6p 8p Employer's facility 12a. Full Name of Petitioner (including local name and number) 12b Address (street and number, city, state, and ZIP code) Service Employees International Union, United Healthcare Workers-West 560 Thomas L. Berkley Way, Oakland, CA 94612 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12d Tel No 12e Cell No 12f Fax No 12g E-Mail Address (510) 763-2680 (510) 251-1250 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a Name and Title 13b Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13f E-Mail Address whanley@unioncounsel.net; 13c Tel No 13e Fax No (510) 337-1001 (510) 337-1023 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. nlrbnotices@unioncounsel.net Name (*Print*) William T. Hanley Date February 28, 2020 Title Signature Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of he informa ion on this form is authorized by the National Labor Relations Act (NLRA) 29 U S C § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litiga ion The routine uses for the information are fully set forth in the Federal Register 71 Fed Reg 74942 43 (Dec 13 2006) The NLRB will fur her explain these uses upon request Disclosure of this information to the NLRB is volun any however failure to supply he information will cause the NLRB to decline to invoke i s processes

Name (Print)

Anthony L. Hall, Esq.

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case No:	Date Filed	
32-RM-255914	02/06/2020	

Date

February 6, 2020

RM PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer/Petitioner Nevada Gold Mines, LLC 1655 Mountain City Highway, Elko, Nevada 89801 3a. Employer/Petitioner Representative - Name and Title 3b Address (If same as 2b - state same) 6490 S. McCarran Blvd. Ste. F-46, Reno, Nevada 89509 Anthony Hall, Esq., Simons Hall Johnston PC 3f E-Mail Address 3d Cell No. 3e Fax No. (775) 785-0088 (775) 785-0087 N/A AHall@SHJNevada.com and JSmith@SHJNevada.com 4a Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Gold Mine 5a. Description of Unit Involved 5b City and State where unit is located Included: See included Job Classifications on attached list marked as Attachment A. Carlin, Nevada All employees outside of the Carlin, Nevada area, all Carlin, Nevada confidential, office/clerical, guards, and 6 No of Employees in Unit supervisory employees, as defined in the Act; and those job classifications not included in Attachment A. Approx. 2,900 when substantial and Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable representative complement reached 7a 🗸 🗸 A labor organization made a demand for recognition on the Employer/Petitioner on (Date) Numerous dates including 11/15/19 7b. The Employer/Petitioner has a good faith uncertainty about majority support for a claimed representative 8a. Recognized or Certified Bargaining Agent - Name 8b. Affiliation, if any N/A N/A 8c Address 8d Tel No 8e Cell No N/A N/A N/A Bf. Fax No. 8g E-Mail Address N/A N/A 9 Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A N/A 11. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? N/A (Name of labor organization) N/A has picketed the Employer since (Month, Day, Year) N/A 12 Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above (If none, so state) 12a Name and affiliation if any 12b. Address 12c. Tel. No. 12d Cell No. (510) 748-7400 12e Fax No 12f F-Mail Address Operating Engineers Local Union #3 1620 South Loop Road, Alameda, CA 94502 (510) 748-7436 gliao@oe3.org 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 13a Election Type: V Manual any such election. 13b Election Date(s) 13c Election Time(s) 13d Election Location(s) One week in May 2020 6:00 a.m. - 10:00 p.m. Nevada Gold Mines 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding 14b Address (street and number, city, state, and ZIP code) 6490 S. McCarran Blvd. Ste. F-46, Reno, Nevada 89509 Anthony L. Hall, Esq., Simons Hall Johnston PC 14c Tel No 14e Fax No 14d, Cell No. 14f F-Mail Address (775) 785-0088 (775) 785-0087 AHall@SHJNevada.com and JSmith@SHJNevada.com N/A

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

#### Attachment A

#### **Included Unit Job Classifications**

All full-time and regular part-time employees in the following classifications: Advanced Helper, Assay Lab Technician, Assay Lab Technician I, Assay Laboratory Technician, Autoclave Maintenance Technician, Autoclave Operator, Blast Technician, Carbon Handling Technician, Crane Operator, Crusher Loader Operator, Custodian, Dewatering, Technician, Dispatcher, Driller, E & I Technician, Electrician, Equipment Operator, Equipment Tech 4, Gas Mechanic, Haul Truck Operator, Inexperienced Underground Miner, Instrument Technician, Laboratory Maintenance E&I Technician, Lube Technician, Machinist, Maintenance Helper, Mechanic, Mechanic II, Metallurgical Technician, Mill Maintenance Technician, Mill Operator, Mine Maintenance Advanced, Helper, Mine Maintenance Helper, Mine Maintenance Technician, Mine Maintenance Mechanic, Mine Maintenance Technician, Mine Production Operator, Miner, Mobile Maintenance, Technician, NDT Technician, OP Mobile Maintenance Technician, Open Pit Dispatcher, Open Pit Electrician, Open Pit Haul Truck Driver, Open Pit Haul Truck Operations, Open Pit Haul Truck Operator, Open Pit Mobile Maintenance Technician, Operator, Powderman, Process Control Specialist, Process Control Technician, Process Maintenance Advanced Helper, Process Maintenance Helper, Process Maintenance Mechanic, Process Operations Technician, Process Operator, Radio Technician, RCM Technician, Refinery Technician, Reliability Technician, Roaster E&I Technician, Roaster Electrical & Instrumentation Technician, Roaster Operator, Technician, Technician - Analytical Lab Field Trainer, Tire Technician, Trainer, Truck Driver, UG Advanced Helper, UG E&I Technician, UG Fixed Maintenance Technician, UG Maintenance Mechanic, UG Mechanic, UG Mine Specialist, UG Mine Technician, UG Miner, UG Mobile Maintenance, UG Mobile Maintenance Technician, UG Operator, Underground Blaster, Underground Dispatch, Underground Fixed Maintenance Technician, Underground Fixed Maintenance Technician Miner, Underground Miner, Underground Miner (Backfill), Underground Miner (Blasting), Underground Miner (Paste), Underground Miner (Backfill), Underground Mobile Maintenance Technician, Welder employed by the Employer in or around Carlin, Nevada located at: 6 Miles North of Carlin Carlin, Nevada 89822.